

## Part C State Performance Plan (SPP) for 2005-2010

### Overview of the State Performance Plan Development:

Recent activities in the Idaho Infant Toddler Program have included assuring measurable Corrective Action Plans for all regions that address any areas of regional non-compliance. Following the August summer Institute and receipt of instructional materials related to the State Performance plan expectations and the final Priority indicators, Idaho engaged in the following activities to support the development of the Performance plan by central office staff.

- 9/2/2005 A conference call was convened by invitation to the Interagency Coordinating Council, Regional Infant Toddler Committee Chairs, regional early intervention specialists, children's program supervisors, and regional program managers. Eleven people participated in the call. Mary Jones, Part C Coordinator, reviewed SPP indicators and explained the need for public input for targets and improvement activities and also reviewed the PowerPoint slides on indicators.
- 9/8/2005 Interagency Coordinating Council meeting – 31 members and regional representatives-- review of SPP priority indicators and current Idaho baselines. Small group activity--flip charts recorded individuals' and group's recommended targets and proposed strategies for each indicator.
- 9/29/2005 Program Managers' review of priority indicators. At the regular Developmental Disabilities/Mental Health Program Managers' meeting, Mary Jones reviewed the SPP indicators and recorded the input from the program managers responsible for the Infant Toddler Program at the regional level. Input was given on proposed targets and strategies for each indicator.
- 10/27/2005 Early Intervention Specialists and Children's Program Supervisors review of indicators. At a meeting of regional early intervention specialists and children's program supervisors, Carolee Eslinger reviewed the SPP indicators and the group recorded recommended targets and strategies for each indicator.
- 11/10/2005 ICC reminded that the central office staff were in the process of finalizing the SPP, the timelines for final input and invited them to provide additional input.
- 11/29/2005 Draft of Idaho SPP reviewed and approved by Interagency Coordinating Council Co-Chair and forwarded to ICC members for review.
- By 1/01/06 Idaho's State Performance Plan will be posted at the Infant Toddler Program pages on the Department of Health and Welfare's website. Notice on the location of the document will be provided to stakeholders and partner agencies including the state interagency coordinating council, regional infant toddler committees, regional program managers, children's program supervisors, and early intervention specialists. The SPP will be posted at <http://www.healthandwelfare.idaho.gov/> located under the topic: Children, Special Health Needs and then Infant Toddler Program. For a period of two-three months, the SPP will be readily found under a "What's New" category on the Home page.

## Part C State Performance Plan (SPP) for 2005-2010

**Monitoring Priority: Early Intervention Services In Natural Environments**

**Indicator 1:** Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 USC 1416(a)(3)(A) and 1442)

**Measurement:**

Percent = # of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner divided by the total # of infants and toddlers with IFSPs times 100.

Account for untimely receipt of services.

**Overview of Issue/Description of System or Process:**

Due to Idaho's growth in population, which was almost 8% between 2000 and 2004, and requirements from the federal government to expand child find to children under the CAPTA legislation, Idaho's caseload of infants and toddlers needing services has been rapidly expanding. In the last two years, the number of children has grown from 2,481 children enrolled in the program in SFY 2002, to 3,195 children in SFY 2005, a 29% increase. In contrast, the number of program staff has not increased in over ten years. This has resulted in high caseloads with children not consistently receiving the services indicated on their IFSP in a timely manner. Based on current enrollment trends and the increase in the Idaho birth rate, we expect to serve at least 300 additional children in SFY 2006.

Compounding the growing caseload challenge is the inability of the Program to contract for enough speech language pathologists to provide services in the home. Speech therapy is the most accessed service of the Program, but limited availability of providers has resulted in children waiting for services.

As reported in the FFY 2003 APR, children were awaiting services in five regions. Through September 2005, the lead agency has been refining and tracking data from all regions regarding the start dates of required early intervention services. During SFY 2005, all regions that were identified to be out of compliance in this area have developed corrective action plans and are implementing strategies to achieve full compliance within one year. Regional data is submitted and analyzed quarterly and progress is monitored by Central Office through quarterly or monthly calls with each region.

During SFY 2005, a number of activities were undertaken to increase resources available to fully serve all eligible infants and toddlers in a timely manner. A request for additional personnel and funds was submitted to the Idaho legislature. Unfortunately, due to competing priorities, the request was denied. The Infant Toddler Program has been successful in utilizing Medicaid and private insurance resources more efficiently and has increased collection of receipts from 18.7% percent of the budget in SFY 2003 to 22% of the budget in SFY 2004.

Interagency agreements and contracts are in place and routinely updated with public and private early intervention providers who are delivering services to eligible children through an IFSP. The number of contracted services has been increased. However, this option continues to be limited due to existing budget constraints, lack of available contractors in rural areas, and the challenges of travel and service delivery in the natural environment.

During 2005, the lead agency reviewed and revised the definition of "children awaiting services". Prior to July 1, 2005, the definition was "any service not available to be provided within 14 days of the start date projected

on the IFSP”. With stakeholder input, on July 1, 2005, the definition was changed to “any service not available to be provided within 30 days of the start date projected on the IFSP.”

## Baseline Data for FFY 2004 (2004-2005):

Awaiting Services Report, SFY 2005					
	Total # waited over 14 days	% Waited over 14 days	# Served timely	% Served timely	Cumulative Program enrollment SFY 2005
State	393	12.3%	2802	87.7%	3195

## Discussion of Baseline Data:

In SFY 2005, 87.7% of eligible children received early intervention services on their IFSP in a timely manner. 393 children (12.3%) waited more than 14 days from IFSP development to start of services.

Some of the increase in the number of children documented as waiting for services can be attributed to an increased focus on the issue through the monitoring process and implementation of standardized reporting requirements in all regions. In a concerted effort to accurately size the problem, to ensure that no child is lost when waiting, and to document our need for additional resources, all regions were instructed to list and track all children waiting. This data is submitted quarterly to central office.

The funding request submitted in SFY 2005 was not funded by the legislature and Program resources remained static despite significant population growth and increased program enrollment.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
2006 (2006-2007)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
2007 (2007-2008)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
2008 (2008-2009)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
2009 (2009-2010)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
2010 (2010-2011)	100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.

## Improvement Activities/Timelines/Resources:

## 2005-2006

### Resource Recruitment:

- Submit supplemental funding request for remainder of SFY 06 to purchase additional Speech, Occupational, and Physical Therapy and audiology and assistive technology services.
- Submit SFY 07 expansion funding request for social work and speech to provide early intervention services.
- Seek salary increases for early intervention social work, speech, and developmental therapist classifications to better match the market rate for these services.
- Strive to increase receipts from Medicaid and private insurance to provide funds for additional service contracts.

### Monitoring:

- Continue tracking service start dates to ensure all children are served in a timely manner.
- When non-compliance is identified in any region, require development of a corrective action plan (CAP) outlining strategies to correct the deficit within one year from date of identification.
- Monitor all regions with active CAPs through monthly data submissions, quarterly reports, routine phone contact, and on-site visits as required and/or as specified in their plan.
- Update the Infant Toddler Program's data system (DataTot) to track and produce routine reports of all children waiting longer than 30 days from IFSP development to start of services.

### Reporting:

- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

## 2006-2007

### Resource recruitment:

- Given increased general fund support, we will recruit and hire social workers, speech, occupational, and physical therapists, etc. according to personnel shortages in specific geographic areas.
- If general funds are not increased, a supplemental funding request will be submitted for the remainder of SFY 2007 and an enhancement request to be submitted for SFY 2008.
- Evaluate potential for increased reimbursement rates from Medicaid for early intervention services.
- According to available funding, increase service contracts to assure timely implementation of all IFSPs.

### Training:

- Ensure regional training occurs for Service Coordinators (public and private) re: responsibilities, timelines, and procedural requirements outlined in IDEA Part C and the Idaho Implementation Manual.

Monitoring:

- Continue tracking service start dates to ensure all children are served in a timely manner.
- When non compliance is identified in any region, require development of a corrective action plan (CAP) outlining strategies to correct the deficit within one year from date of identification.
- Monitor all regions with active CAPs through monthly data submissions, quarterly reports, routine phone contact, and on-site visits as required and/or as specified in their plan to assure correction within one year of identification of the non-compliance.

Maintenance of Interagency Agreements (IAAs) and Contracts:

- Periodically review IAAs with other early intervention providers who serve children through an IFSP and ensure requirements regarding timelines and procedural safeguards continue to be addressed.
- Annual review and renewal of contracts issued to early intervention providers to serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be included in all early intervention contracts as specified in the state approved standard contract and that all contracts are monitored for compliance.

Policy review and revisions:

- Evaluate definition of “timely” (as modified July 1, 2005) for continued appropriateness. Identify if other policies need to be revised to align with new definition and/or if additional training is required to insure consistent data collection from all regions.

Reporting:

- Report on EIS regional program performance on the Department of Health and Welfare’s website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2007-2008**Resource recruitment:

- If the legislative funding request is supported, social workers, speech, occupational, and physical therapists, etc. will be recruited and hired according to personnel shortages in specific geographic areas.
- If the legislative funding request is not supported, a supplemental funding request for the remainder of SFY 2007 will be prepared and submitted and an enhancement request will be submitted for SFY 2008.
- Recruitment of additional service contracts will be pursued to the limits of funding to assure timely implementation of all IFSPs.

Monitoring:

- Continue tracking service start dates to ensure all children are served in a timely manner.
- When non compliance is identified in any region, require development of a corrective action plan (CAP) outlining strategies to correct the deficit within one year from date of identification.

- Monitor all regions with active CAPs through monthly data submissions, quarterly reports, routine phone contact, and on-site visits as required and/or as specified in their plan to assure correction within one year of identification of the non-compliance.

### Training :

- Ensure regional training is provided to Service Coordinators (public and private) re: responsibilities, timelines, and procedural requirements outlined in IDEA Part C and the Idaho Implementation Manual.
- Identify and bring in national experts to train staff/contractors on a primary interventionist service delivery model and cost and time saving service delivery models/strategies

### Maintenance of Interagency Agreements (IAA) and Contracts:

- Periodic review of IAA with other early intervention providers who serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be addressed.
- Annual review and renewal of contracts issued to early intervention providers to serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be included in all early intervention contracts as specified in the boilerplate and are monitored for compliance.

### Reporting:

- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

## **2008-2009**

### Monitoring:

- Continue tracking service start dates to ensure all children are served in a timely manner.
- When non compliance is identified in any region, require development of a corrective action plan (CAP) outlining strategies to correct the deficit within one year from date of identification.
- Monitor all regions with active CAPs through monthly data submissions, quarterly reports, routine phone contact, and on-site visits as required and/or as specified in their plan to assure correction within one year of identification of the non-compliance.
- Evaluate progress and status of performance to determine need for additional resource recruitment or other strategies to assure timely delivery of early intervention services in accordance with IFSPs. If strategies are added or changed, report in next APR.

### Training:

- Ensure regional training is provided to Service Coordinators (public and private) re: responsibilities, timelines, and procedural requirements outlined in IDEA Part C and the Idaho Implementation Manual.

### Maintenance of Interagency Agreements (IAA) and Contracts :

- Periodic review of IAA with other early intervention providers who serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be addressed.

- Annual review and renewal of contracts issued to early intervention providers to serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be included in all early intervention contracts as specified in the boilerplate and are monitored for compliance.

### Reporting:

- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

## **2009-2010**

### Monitoring:

- Continue tracking service start dates to ensure all children are served in a timely manner.
- When non compliance is identified in any region, require development of a corrective action plan (CAP) outlining strategies to correct the deficit within one year from date of identification.
- Monitor all regions with active CAPs through monthly data submissions, quarterly reports, routine phone contact, and on-site visits as required and/or as specified in their plan to assure correction of any non-compliance within one year from the date of identification.
- Evaluate progress and status of performance to determine need for additional resource recruitment or other strategies to assure timely delivery of early intervention services in accordance with IFSPs. If strategies are added or changed, report in next APR.

### Training:

- Ensure regional training is provided to Service Coordinators (public and private) re: responsibilities, timelines, and procedural requirements outlined in IDEA Part C and the Idaho Implementation Manual.

### Maintenance of Interagency Agreements (IAA) and Contracts:

- Periodic review of IAA with other early intervention providers who serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be addressed.
- Annual review and renewal of contracts issued to early intervention providers to serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be included in all early intervention contracts as specified in the boilerplate and are monitored for compliance.

### Reporting:

- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

## **2010-2011**

### Monitoring:

- Continue tracking service start dates to ensure all children are served in a timely manner.

- When non-compliance is identified in any region, require development of a corrective action plan (CAP) outlining strategies to correct the deficit within one year from date of identification.
- Monitor all regions with active CAPs through monthly data submissions, quarterly reports, routine phone contact, and on-site visits as required and/or as specified in their plan.
- Evaluate progress and status of performance to determine need for additional resource recruitment or other strategies to assure timely delivery of early intervention services in accordance with IFSPs. If strategies are added or changed, report in next APR.

### Training:

- Ensure regional training is provided to Service Coordinators (public and private) re: responsibilities, timelines, and procedural requirements outlined in IDEA Part C and the Idaho Implementation Manual.

### Maintenance of Interagency Agreements (IAA) and Contracts:

- Periodic review of IAA with other early intervention providers who serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be addressed.
- Annual review and renewal of contracts issued to early intervention providers to serve children through an IFSP. Ensure requirements regarding timelines and procedural safeguards continue to be included in all early intervention contracts as specified in the boilerplate and are monitored for compliance.

### Reporting:

- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.



**Part C State Performance Plan (SPP) for 2005-2010****Overview of the State Performance Plan Development:**

Refer to the description in Indicator #1, page 1.

**Monitoring Priority: Early Intervention Services In Natural Environments**

**Indicator 2:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

**Measurement:**

Percent = # of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children divided by the total # of infants and toddlers with IFSPs times 100.

**Overview of Issue/Description of System or Process:** The Idaho Infant Toddler Program has achieved continuous and positive gains in assuring that early intervention services are primarily provided in the homes or programs for typically developing children. For multiple years in the past, strategies have been implemented to train staff on enhancing services for infants and toddlers through routine based interventions. Data has been monitored at semi-annual intervals and reviewed periodically with regional personnel including program managers. Regional action plans were written that addressed strategies for enhancing services in natural learning settings and progress was reported through regional quarterly reports.

Contracts and memoranda of agreement were modified to strengthen requirements for service provision in natural environments and families were advised of the reasons and benefits for directing services to home and settings for typically developing children. Idaho made terrific progress in advancing the practices and investment of lead agency personnel and of contractor providers in providing services in natural environments through routine based interventions.

Most recently, however, regions have reported that due to: the increased number of children identified as eligible for early intervention services, the continuing limitations on the number of qualified personnel, and the high costs of delivering services in remote and rural areas (including the increased price of gasoline) that it becomes increasingly challenging to locate and pay for providers available to provide services in natural environments. Given limited provider availability, it sometimes comes down to accessing timely services in a service provider's offices or service delivery being delayed to the child and family. This is recognized as an unacceptable practice and is identified as out of compliance, however, it is deemed as preferable to no services at all. Current data demonstrates that Idaho has maintained the level of services primarily provided in homes and programs for typically developing children.

Records were monitored during the single regional self-assessment during the 2004-2005 periods in accordance with schedule of on-site monitoring visits. This monitoring visit identified a failure in one region to document the justification when services were not in a natural environment. This failure is addressed on a corrective action plan and performance is being monitored to assure compliance within one year of documentation when the child cannot benefit from early interventions in his or her natural environment. Statewide service location data is tracked and monitored and does not identify any systemic concerns but rather demonstrates continuous increased percents of service in natural environments.

**Baseline Data for FFY 2004 (2004-2005):**

Statewide, the percent of services provided in home and typical settings ranged from 86.7% on 6/1/03, to 89% on 6/1/04, 90.4% on 12/1/04, and 91.5% as of 6/1/05. Statewide, the percent of services provided in early intervention classrooms was reduced significantly. The data comes from the Data-Tot system on 100% of infants and toddlers enrolled in the Idaho early intervention system.

Service Setting, Cumulative Data Source: ITP Data-Tot System N = 100% of enrolled infants & toddlers										
	1999	2000	2001	Jun-02	2002	Jun-03	2003	Jun-04	2004	Jun-05
EI CTR	28.1%	19.8%	13.4%	10.25%	7.4%	6.0%	5.75%	4.4%	3.1%	2.7%
HOME	62.6%	67.9%	74.4%	76.8%	77.8%	79.25%	79.7%	83.5%	85.9%	87.9%
<b>TOTAL N.E.</b>	<b>64.4%</b>	<b>72.5%</b>	<b>80.0%</b>	<b>83.2%</b>	<b>85.6%</b>	<b>87.4%</b>	<b>86.7%</b>	<b>89.0%</b>	<b>90.4%</b>	<b>91.5%</b>
SVC PROV	6.1%	7.2%	5.8%	5.2%	6.3%	6.1%	7.0%	6.4%	5.65%	5.1%
TYPICAL	1.8%	4.6%	5.65%	6.4%	7.9%	8.1%	7.0%	5.5%	4.55%	3.6%
IN-HOSP	0.4%	0.1%	0.45%	0.6%	0.2%	0.16%	0.4%	0.07%	0.5%	0.4%
RESIDENT	0.0%	0.0%	0.08%	0.04%	0.04%	0.04%	0.0%	0.0%	0.03%	0.03%
OTHER	1.0%	0.3%	0.2%	0.7%	0.4%	0.3%	0.1%	0.1%	0.2%	0.3%
<b>Total Enrolled</b>	<b>2101</b>	<b>2378</b>	<b>2424</b>	<b>2312</b>	<b>2514</b>	<b>2444</b>	<b>2744</b>	<b>2808</b>	<b>3076</b>	<b>3236</b>
<b>Year</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>Jun-02</b>	<b>2002</b>	<b>Jun-03</b>	<b>2003</b>	<b>Jun-04</b>	<b>2004</b>	<b>Jun-05</b>
EI CTR	590	472	325	237	186	147	158	124	96	86
HOME	1316	1614	1803	1776	1955	1937	2186	2344	2642	2844
<b>TOTAL N.E.</b>	<b>1354</b>	<b>1724</b>	<b>1940</b>	<b>1923</b>	<b>2153</b>	<b>2136</b>	<b>2379</b>	<b>2498</b>	<b>2782</b>	<b>2961</b>
SVC PROV	128	171	141	119	158	149	192	180	174	166
TYPICAL	38	110	137	147	198	199	193	154	140	117
IN-HOSP	8	2	11	13	5	4	11	2	16	13
RESIDENT	0	0	2	3	1	1	0	0	1	1
OTHER	21	8	5	17	11	7	4	4	7	9

**Discussion of Baseline Data:**

Baseline data as of December 1, 2004 demonstrates 90.4% of all children are served in a natural environment, and shows a continuous increase in the number of infants and toddlers and the percent of enrolled population whose services were delivered primarily in homes or programs for typically developing children. Only in isolated incidences are services provided outside of natural environments and records are monitored to assure that documentation indicates that these circumstances are due to the fact that the child cannot benefit from the service in a natural environment. Isolated cases have been identified where service may be provided for convenience in a service provider location or other setting, however, if these are identified during self assessment visits or record reviews, corrective action plans are required for correction within one year. The baseline data indicates that systemically, Idaho is successful at meeting this indicator.

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	<b>Services in Home and Typical Settings – 92.0%</b>
<b>2006</b> (2006-2007)	<b>Services in Home and Typical Settings – 92.3%</b>
<b>2007</b> (2007-2008)	<b>Services in Home and Typical Settings – 92.5%</b>
<b>2008</b> (2008-2009)	<b>Services in Home and Typical Settings – 92.7%</b>
<b>2009</b> (2009-2010)	<b>Services in Home and Typical Settings – 92.9%</b>
<b>2010</b> (2010-2011)	<b>Services in Home and Typical Settings – 93%</b>

**Improvement Activities/Timelines/Resources:****2005-2006**

- Routine monitoring of service setting data by central office; required regional corrective action plan strategies to demonstrate compliance within one year if any region drops below state average performance or established target.
- Service Setting data, including regional performance results will be posted annually on the Idaho Department of Health and Welfare, Infant Toddler Program website, included in the published Progress Reports that is widely distributed, and provided to the interagency coordinating council and the regional committees.
- Maintain contract requirement for delivery of service in natural environments unless the child cannot benefit from the service in the natural environment.
- Coordinate training with Idaho State University, Idaho School for the Deaf and Blind, Idaho Council on Deaf and Hard of Hearing to provide training for 1) SLPs and Audiologists and 2) other professionals and service coordinators, about intervention services for young children who are deaf or hard of hearing, particularly those with cochlear implants, and their families.

**2006-2007**

- Routine monitoring of service setting data by central office; required regional corrective action plan strategies to demonstrate compliance within one year if any region drops below state average performance or established target of previous year.

- Service Setting data, including regional performance results will be posted annually on the Idaho Department of Health and Welfare, Infant Toddler Program website, included in the published Progress Reports that is widely distributed, and provided to the interagency coordinating council and the regional committees.
- Maintain contract requirement for delivery of service in natural environments unless the child cannot benefit from the service in the natural environment.
- Include sessions to enhance practices of the provision of services in natural environments through routine based interventions in the bi-annual Early Years conference. Support and promote attendance of ITP early interventionists.

**2007-2008**

- Routine monitoring of service setting data by central office; required regional corrective action plan strategies to demonstrate compliance within one year if any region drops below state average performance or established target of previous year.
- Service Setting data, including regional performance results will be posted annually on the Idaho Department of Health and Welfare, Infant Toddler Program website, included in the published Progress Reports that is widely distributed, and provided to the interagency coordinating council and the regional committees.
- Maintain contract requirement for delivery of service in natural environments unless the child cannot benefit from the service in the natural environment
- Provide information statewide through mailings or presentations to physicians and related service contractors regarding early childhood best practices and benefits of services in the natural environments.

**2008-2009**

- Routine monitoring of service setting data by central office; required regional corrective action plan strategies to demonstrate compliance within one year if any region drops below state average performance or established target of previous year.
- Service Setting data, including regional performance results will be posted annually on the Idaho Department of Health and Welfare, Infant Toddler Program website, included in the published Progress Reports that is widely distributed, and provided to the interagency coordinating council and the regional committees.
- Maintain contract requirement for delivery of service in natural environments unless the child cannot benefit from the service in the natural environment.
- Include sessions to enhance practices of the provision of services in natural environments through routine based interventions in the bi-annual Early Years conference. Support and promote attendance of ITP early interventionists.

**2009-2010**

- Routine monitoring of service setting data by central office; required regional corrective action plan strategies to demonstrate compliance within one year if any region drops below state average performance or established target of previous year.

- Service Setting data, including regional performance results will be posted annually on the Idaho Department of Health and Welfare, Infant Toddler Program website, included in the published Progress Reports that is widely distributed, and provided to the interagency coordinating council and the Regional committees.
- Maintain contract requirement for delivery of service in natural environments unless the child cannot benefit from the service in the natural environment

### 2010-2011

- Routine monitoring of service setting data by central office; required regional corrective action plan strategies to demonstrate compliance within one year if any region drops below state average performance or established target of previous year.
- Service Setting data, including regional performance results will be posted annually on the Idaho Department of Health and Welfare, Infant Toddler Program website, included in the published Progress Reports that is widely distributed, and provided to the Interagency coordinating council and the Regional committees.
- Maintain contract requirement for delivery of service in natural environments unless the child cannot benefit from the service in the natural environment
- Include sessions to enhance practices of the provision of services in natural environments through routine based interventions in the bi-annual Early Years conference. Support and promote attendance of ITP early interventionists.

**Part C State Performance Plan (SPP) for 2005-2010****Overview of the State Performance Plan Development:**

Refer to the description in Indicator #1, page 1.

**Monitoring Priority: Early Intervention Services In Natural Environments**

**Indicator 3:** Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 USC 1416(a)(3)(A) and 1442)

**Measurement:**

A. Positive social-emotional skills (including social relationships):

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

B. Acquisition and use of knowledge and skills (including early language/communication):

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.

- c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

#### **Overview of Issue/Description of System or Process:**

Historically, Idaho instituted a mechanism to code status/outcomes on IFSP objectives. Multiple barriers prevented this from being a viable structure for measuring and reporting child or family outcomes. Documenting progress/status of objectives was not routinely achieved in a consistent manner. Also the documentation, even when completed, was not linked to any data reporting system nor was it easily manageable data to report. At best, even if documentation was completed, data was only available to show the number and percent of IFSP objectives by each of the following outcome review categories:

- a. We did it!,
- b. Still working on it,
- c. Objectives changed,
- d. Postponed,
- e. Parent declined service, or
- f. Outcome not addressed w/ reasons.

This method of determining progress or outcome could not be analyzed to answer the three outcomes questions identified as priority indicators. Alternative means will be used to collect data for future evaluation of child outcomes.

Additionally, Idaho has routinely used a quarterly parent survey that has been distributed to a 10% stratified sample, statewide. Only a single question on each of two surveys addresses child outcomes: "We are making progress toward the goals listed on the IFSP." from the six month survey distributed to families of children who have been enrolled for more than six months and "My child/family benefited from our time with the Infant Toddler Program." From the transition survey sent to families of children who have exited the program at age three. The findings from these survey questions provide us with minimal baseline information but data are inadequate to answer the specific child outcome questions included in the OSEP Priority Indicators.

Idaho has applied for a GSEG grant to provide resources for improving methods for evaluating child performance and reporting maintenance, improvement, or regression in child functioning. With or without the GSEG grant Idaho will be implementing steps for rigorous and reliable measurement of child functioning upon program entry and exit. See activities, timelines, and resources to find the plan to implement an outcome measurement system and assure that initial baseline data is collected and reported in the 2006 APR.

#### **Baseline Data for FFY 2004 (2004-2005):**

Not applicable, see plan for collection of initial baseline data.

**Discussion of Baseline Data:**

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005</b> (2005-2006)	<b>Not applicable—New Indicator</b>
<b>2006</b> (2006-2007)	<b>Not applicable—New Indicator</b>
<b>2007</b> (2007-2008)	<b>Not applicable—New Indicator</b>
<b>2008</b> (2008-2009)	<b>Not applicable—New Indicator</b>
<b>2009</b> (2009-2010)	<b>Not applicable—New Indicator</b>
<b>2010</b> (2010-2011)	<b>Not applicable—New Indicator</b>

**Improvement Activities/Timelines/Resources:**

Not applicable, new indicator.

**Plan to collect and report child outcome entry data for FY 2005 to be submitted to OSEP by 2/1/07:**

**2005-2006**

- Jointly with Idaho State Department of Education Special Education Section, assign and convene project team and develop the project calendar, outlining major action steps to be taken and confirm timelines with advisory group. December, 2005
- Work with the Early Childhood Outcomes Center and stakeholders to refine and confirm Idaho outcome indicators and evidence statements to be used. Align work with the Idaho Data Alignment Project work being completed to assure consistent measurement and reporting. December – February, 2006
- Convene stakeholders to finalize recommendations regarding tool(s) to be used for evaluation. Confirm crosswalk between evaluation tools and outcome indicators. Selection of instruments will be aligned with Part B to assure mutual benefit and alignment of child outcome measurement processes. Disseminate information re: evaluation tool decisions to stakeholders. April –May, 2006
- Develop and procure training materials. April-May, 2006



- Conduct regional train-the-trainer and provider training to assure standard, reliable application of evaluations. Procure testing materials for all regions. May-July, 2006
- Identify and program/write code for necessary Data-Tot enhancements. May-July, 2006
- Conduct User testing and provide training for data entry personnel. August-September, 2006
- De-bug and implement data collection and reporting system. September-November, 2006
- Throughout the year, Part B partners and parents will be provided with ongoing information and given the opportunity for feedback.
- Train regional early intervention specialists and supervisors in policies and procedures for quality assurance and reporting. Train supervisors in ongoing evaluations of reliability and expectations for documentation and reporting requirements. July-August, 2005
- Implement: complete specified entry evaluations, by fully qualified and trained practitioners, on all children referred to ITP. September 1 – Ongoing. (Initial entry data for baseline will be collected on all children enrolling from September 1 through November 30, 2006.)

**2006-2007**

- Report status on entry in FY 2005 APR. February 1, 2007
  - Implement outcomes evaluation on exiting children.
  - Collect data on entry and exiting outcome data
  - Evaluate process of outcomes measurement.

**2007-2008**

- Report on EIS regional program performance on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.
- Set targets based on aggregate progress data.
- Reports activities, timelines and resources in APR.

**2008-2009**

- Report progress data in APR on children entered 2005-2006 and exited 2006-2007 that have entry and exit data collected and have been in the program at least 6 months.
- Report: (a) % of children who reach or maintain functioning at level comparable to same age peers, (b) % of kids who improve functioning (not included in a), and (c) % of children who do not improve functioning.
- Report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

**2009-2010**

- Report progress data in APR on children entered 2005-2006 or 2006-2007 and exited 2007-2008 that have entry and exit data collected and have been in the program at least 6 months.

- Report: (a) % of children who reach or maintain functioning at level comparable to same age peers, (b) % of kids who improve functioning (not included in a), and (c) % of children who do not improve functioning.
- Compare performance to targets; adjust targets with public input.
- Report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

### 2010-2011

- Report progress data in APR on children entered 2005-2006 or 2006-2007 or 2007-2008 and exited 2008-2009 that have entry and exit data collected and have been in the program at least 6 months.
- Report: (a) % of children who reach or maintain functioning at level comparable to same age peers, (b) % of kids who improve functioning (not included in a), and (c) % of children who do not improve functioning.
- Compare performance to targets; adjust targets with public input as needed.
- Report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

**Part C State Performance Plan (SPP) for 2005-2010****Overview of the State Performance Plan Development:**

Refer to the description in Indicator #1, page 1.

**Monitoring Priority: Early Intervention Services In Natural Environments**

**Indicator 4:** Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 USC 1416(a)(3)(A) and 1442)

**Measurement:**

- A. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family know their rights divided by the # of respondent families participating in Part C times 100.
- B. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs divided by the # of respondent families participating in Part C times 100.
- C. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn divided by the # of respondent families participating in Part C times 100.

**Overview of Issue/Description of System or Process:**

In Idaho, anecdotal evidence and survey data gathered quarterly since 1997 is available that demonstrates strong parent satisfaction with the program and positive impact on the children served. However, due to complex measurement challenges and system/personnel limitations, data-based outcomes that meet OSEP requirements are not available for individual children and their families. The parent survey system currently in use is inadequate to gather data on family outcomes as identified by OSEP.

Currently, parent surveys are mailed quarterly to a stratified sample (approximately 10%) of families served by the early intervention system. Three different surveys are used, one targeting families that are new to the system, one for those in services longer than one year, and one for families planning for transition or recently transitioned out of early intervention.

Due to the stratification criteria and variety of surveys administered, the sample size for each is small and the return rate produces a small sample. Although valuable on an individual basis, the survey results cannot be generalized to the population served. Individual phone follow-up is made with those families that provide contact information. Regional summaries of response data are shared with staff and the Interagency Coordinating Council (ICC).

The parent survey tool, sampling plan, and distribution system is being revised to collect data that will address the family outcomes identified by OSEP, be reliable when generalized to the larger population, and guide system development and program quality enhancement.

In self assessment activities conducted from 2003 to 2005, no findings of non-compliance were identified in this area. File reviews indicated services and supports for families and focus groups held during site visits with families and early intervention staff reported satisfaction with the services provided.

The lead agency has selected and will implement the NCSEAM Parent Survey tool surveying all families enrolled in the Infant Toddler Program. Surveys will be distributed at or near the transition meeting held not later than 90 days prior to the child's third birthday. Data will be collected, tabulated and analyzed to meet family outcome reporting requirements for OSEP and other Program reporting needs.

#### **Baseline Data for FFY 2004 (2004-2005):**

New indicator: Baseline data will be submitted on February 1, 2007 for 2005-2006 data collection.

#### **Discussion of Baseline Data:**

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005 (2005-2006)</b>	<b>Not applicable—New Indicator</b>
<b>2006 (2006-2007)</b>	<b>Not applicable—New Indicator</b>
<b>2007 (2007-2008)</b>	<b>Not applicable—New Indicator</b>
<b>2008 (2008-2009)</b>	<b>Not applicable—New Indicator</b>
<b>2009 (2009-2010)</b>	<b>Not applicable—New Indicator</b>
<b>2010 (2010-2011)</b>	<b>Not applicable—New Indicator</b>

#### **Improvement Activities/Timelines/Resources:**

Not applicable, new indicator.

**Plan to collect and report family outcome entry data for FY 2005 to be submitted to OSEP by 2/1/07:**

#### **2005-2006**

The following activities will be funded through a GSEG grant. If Idaho is not awarded a GSEG grant, Program resources will be used.

- A revised system for survey distribution, data collection, scoring, and analysis will be developed between February--May, 2006. Implementation plan:

- Mode of administration- paper and pencil with possible telephone follow-up to ensure good response rate,
- Data collection design- survey presented to family at or near the transition meeting held not later than 90 days prior to the child's third birthday by service coordinator, completed survey returned to ITP central office by mail in SASE
- Develop and implement data collection process
- Develop system for processing of results – NCSEAM partner will be used to process results
- Data analysis- NCSEAM partner will be used to analyze data
- Report development - NCSEAM partner will be used to develop required reports.
- Revised system for gathering family outcome data using NCSEAM family surveys that will link results back to OSEP reporting requirements will be implemented June, 2006 to January 2007 and ongoing.
- Assure reliable and statistically significant data representative of families served by the Idaho Infant Toddler Program.
- Implementation of family survey distribution system.
- Report status in FY 2005 APR according to OSEP generated reporting requirements, February 1, 2007.
- Evaluate process of outcomes measurement.

**2006-2007**

- Report on EIS regional program performance on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.
- Set targets based on aggregate progress data.
- Reports activities, timelines and resources in APR.

**2007-2008**

- Report progress data in APR on the following:
- The percent of families participating in Part C who report that early intervention services have helped the family:
  - Know their rights;
  - Effectively communicate their children's needs; and
  - Help their children develop and learn.
- Compare performance to targets; adjust targets with public input as needed.
- Report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees

## 2008-2009

- Report progress data in APR on the following:
- The percent of families participating in Part C who report that early intervention services have helped the family:
  - Know their rights;
  - Effectively communicate their children's needs; and
  - Help their children develop and learn.
- Compare performance to targets; adjust targets with public input as needed.
- Report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees

## 2009-2010

- Report progress data in APR on the following:
- The percent of families participating in Part C who report that early intervention services have helped the family:
  - Know their rights;
  - Effectively communicate their children's needs; and
  - Help their children develop and learn.
- Compare performance to targets; adjust targets with public input as needed.
- Report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

## 2010-2011

- Report progress data in APR on the following:
- The percent of families participating in Part C who report that early intervention services have helped the family:
  - Know their rights;
  - Effectively communicate their children's needs; and
  - Help their children develop and learn.
- Compare performance to targets; adjust targets with public input as needed.
- Report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

**Part C State Performance Plan (SPP) for 2005-2010****Overview of the State Performance Plan Development:**

Refer to the description in Indicator #1, page 1.

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 5:** Percent of infants and toddlers birth to 1 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 USC 1416(a)(3)(B) and 1442)

**Measurement:**

- A. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

**Overview of Issue/Description of System or Process:**

Idaho has long history of an effective child find system that has matured with consistent referral sources that understand and rely on the Idaho Infant Toddler Program to stand ready to evaluate and serve infants and toddlers about whom they have concerns. The child find system is multi-faceted, made up of diverse components including:

- interagency agreements and protocols for referral with hospitals, Parents as Teachers programs, Early Head start and other primary referral sources,
- developmental monitoring of children of thousands of children identified at-risk conducted through contracts with district health departments
- community screening clinics that are advertised in local media
- presentations to medical providers and other organizations to orient referral sources about eligibility criteria, how to make referrals, the importance of early intervention services
- distribution of outreach materials at professional conferences, doctor's offices, health district clinics, etc.
- regular contacts with nursing staff and discharge planners at hospitals and NICUs.

As of June, 2004, Idaho provided tracking and monitoring for almost 6,000 infants and toddlers who have some risk factor(s) or whose parents have requested participation in developmental monitoring. Of these, 2,141 are under one year of age which is 9.82 percent of Idaho children in this age group. This process of providing the Ages and Stages Questionnaires to parents and responding when concerns are identified provides an identification safety net for families whose children are at risk, increases knowledge of parents about typical development patterns and developmental milestones, and provides early identification if a child falls off the typical projectory of development.

Over the past couple of years, the age of identification had crept up and several regions had an average age that was notably above the statewide average. These regions have been asked to identify specific strategies to strengthen early referrals and identification in the regional improvement plans. These activities and those taken by all regions have had a measurable positive impact on average on the earlier identification of children at a younger age, in months. Idaho has a solid system for identification of young children and performs successfully in the identification of infants under one year of age.

#### Baseline Data for FFY 2004 (2004-2005):

Idaho has demonstrated a pattern of identifying more than 1% of infants from birth to twelve months. As of June 1, all regions in the state served in excess of one percent of the population. Trends also demonstrate improvement over previous years in earlier identification. The percent and numbers of children under one year was as follows:

**Table A. Birth-1, Eligible Infants and Toddlers**

Date	% Eligible	# Eligible	State Birth—One Pop.
1 DEC, '03	1.29	272	20,973
1 JUN, '04	1.525	320	20,973
1 DEC, '04	1.605	350	21,794
1 JUN, '05	1.596	348	21,794

Note: All figures based on state courts and calculations available on that date.

**Table B. Average age at the time of IFSP creation**

Date of IFSP Creation	Average Age
June 1, 2003	13.7 months
December 1, 2003	13.9 months
June 1, 2004	13.2 months
December 1, 2004	12.7 months
June 1, 2005	12.5 months

#### Comparison to Other States with Similar Eligibility

Idaho's identification for 2004 of infants from birth to one compares to other States with similar eligibility definitions as follows: Idaho ranks 7<sup>th</sup> in the nation when rankings for infants under 1 year of age exclude infants at risk and Idaho ranks 10<sup>th</sup> in the nation when comparing to states including those infants at risk.

#### Comparison to National Eligibility Data

According OSEP's Table 8-4 in FFY2004, Idaho served 1.66% of the infants under one year of age. The National average was .92%.

#### **Discussion of Baseline Data:**

Idaho's '04 data indicates performance in the early identification of infants under one year of age that is ranked high among states with comparable eligibility and significantly above the national baseline for all states.



FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	<b>1.59% of infants under 1 year of age receive early intervention services</b>
<b>2006</b> (2006-2007)	<b>1.6% of infants under 1 year of age receive early intervention services</b>
<b>2007</b> (2007-2008)	<b>1.62% of infants under 1 year of age receive early intervention services</b>
<b>2008</b> (2008-2009)	<b>1.64% of infants under 1 year of age receive early intervention services</b>
<b>2009</b> (2009-2010)	<b>1.66% of infants under 1 year of age receive early intervention services</b>
<b>2010</b> (2010-2011)	<b>1.68% of infants under 1 year of age receive early intervention services</b>

**Improvement Activities/Timelines/Resources:****2005-2006**

- Continue child find activities including contracts for developmental monitoring and community screening linked with LEAs.
- Evaluate efficacy and performance of Child Find contracts with district health departments. Evaluation committee and public input process to recommend continuation or changes.
- Provide continued training and technical assistance/support for staff to identify children whose eligibility is based on delays in social and emotional development.
- Exhibit Infant Toddler Program information at conferences and medical professional health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) Parent Leadership events, etc.
- Provide statewide training for Children and Family Service workers confirming referral requirement and protocol for CAPTA referrals.
- Partner with Substance Abuse Treatment programs to coordinate services for pregnant women and assure early referrals on any newborns who are exposed prenatally.
- Monitor data on referral sources, track trends and analyze by regions the identification of eligible children.

- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2006-2007**

- Continue child find activities including developmental monitoring and community screening
- Confirm referral protocol with major birthing hospitals. Stock ITP brochures, developmental checklists and child find brochures with discharge planners and nurses for use in birthing hospitals and centers, newborn nursery areas, and pediatric wings of hospitals.
- Supply special needs packets for use in all newborn intensive care nurseries for distribution to parents of infants who are medically fragile or are born with disabilities. Maintain supplies of materials with Idaho Parents Unlimited.
- Provide outreach visits and presentations for staff at homeless and domestic violence shelters. Supply with ITP brochures, developmental checklists and child find brochures.
- Implement changes as determined appropriate through evaluation of child find contracts with district health departments. Implement continuation or changes, as determined appropriate through the evaluation committee and public input.
- Provide continued training and technical assistance/support for staff to identify children whose eligibility is based on delays in social and emotional development. Provide technical assistance related to all Idaho eligibility criteria, as needed.
- Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) conference, Early Years Conference etc.
- Evaluate awareness of physicians and medical community and determine whether need for training regarding referral requirements and protocol exists for this target audience.
- Partner with Substance Abuse Treatment programs to coordinate services for pregnant women and assure early referrals on any newborns who are exposed prenatally.
- Monitor data on referral sources, track trends and analyze by regions the identification of eligible children. Evaluate appropriateness of distribution of ethnicity in eligible population relative to distribution in general population factoring variable that influence risk and potential eligibility.
- Report on regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2007-2008**

- Continue child find activities including developmental monitoring and community screening
- Confirm referral protocol with major birthing hospitals. Stock ITP brochures, developmental checklists and child find brochures with discharge planners and nurses for use in birthing hospitals and centers, newborn nursery areas, and pediatric wings of hospitals.
- Supply special needs packets for use in all newborn intensive care nurseries for distribution to parents of infants who are medically fragile or are born with disabilities. Maintain supplies of materials with Idaho Parents Unlimited.

- Provide outreach visits and presentations for staff at homeless and domestic violence shelters. Supply with ITP brochures, developmental checklists and child find brochures.
- Implement changes as determined appropriate through evaluation of child find contracts with district health departments. Implement continuation or changes, as determined appropriate through the evaluation committee and public input.
- Provide continued training and technical assistance/support for staff to identify children whose eligibility is based on delays in social and emotional development. Provide technical assistance related to all Idaho eligibility criteria, as needed.
- Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) conference, etc.
- Evaluate awareness of physicians and medical community and determine whether need for training regarding referral requirements and protocol exists for this target audience.
- Monitor data on referral sources, track trends and analyze by regions the identification of eligible children. Evaluate appropriateness of distribution of ethnicity in eligible population relative to distribution in general population factoring variable that influence risk and potential eligibility.
- Report on regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2008-2009**

- Continue child find activities including developmental monitoring and community screening linked with LEAs.
- Provide orientation for new employees and technical assistance/support for staff related to all Idaho eligibility criteria, as needed.
- Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) conference, etc.
- Provide outreach visits and presentations for staff at homeless and domestic violence shelters. Supply with ITP brochures, developmental checklists and child find brochures.
- Monitor data on referral sources, track trends and analyze by regions the identification of eligible children. Evaluate appropriateness of distribution of ethnicity in eligible population relative to distribution in general population factoring variable that influence risk and potential eligibility.
- Modify strategies or targets according to performance and findings in previous APR. Include changes in APR.
- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2009-2010**

- Continue child find activities including developmental monitoring and community screening linked with LEAs.

- Provide orientation for new employees, and technical assistance/support for staff related to all Idaho eligibility criteria, as needed.
- Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) conference, etc.
- Monitor data on referral sources, track trends and analyze by regions the identification of eligible children. Evaluate appropriateness of distribution of ethnicity in eligible population relative to distribution in general population factoring variable that influence risk and potential eligibility.
- Modify strategies or targets according to performance and findings in previous APR. Include changes in APR.
- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2010-2011**

- Continue child find activities including developmental monitoring and community screening.
- Provide orientation for new employees and technical assistance/support for staff related to all Idaho eligibility criteria, as needed.
- Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) conference, etc.
- Monitor data on referral sources, track trends and analyze by regions the identification of eligible children. Evaluate appropriateness of distribution of ethnicity in eligible population relative to distribution in general population factoring variable that influence risk and potential eligibility.
- Modify strategies or targets according to performance and findings in previous APR. Include changes in APR.
- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**Part C State Performance Plan (SPP) for 2005-2010****Overview of the State Performance Plan Development:**

Refer to the description in Indicator #1, page 1.

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 6:** Percent of infants and toddlers birth to 3 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 USC 1416(a)(3)(B) and 1442)

**Measurement:**

- A. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.

**Overview of Issue/Description of System or Process:**

Due to Idaho's growth in population, which was almost 8% between 2000 and 2004, and additional requirements from the federal government to expand services to more children, Idaho's caseload of infants and toddlers needing services is rapidly expanding. In the two years prior to June 1, 2005, the number of children birth to 3 enrolled in the program grew from 2,312 children in SFY 2002 to 3,195 children in SFY 2005, a 27.6% increase.

SFY Year	Children Served	% Increase over prev. year
June 2003	2,444	5.4%
June 2004	2,808	12.96%
June 2005	3,195	12.11%

Program growth can be attributed to several factors that include:

- An 8% increase in population growth from 2000 to 2004 due to an increase in the state's birth rate and migration of families to Idaho;
- An increase in the number of successful births that survive prematurity or other complex medical concerns, including multiple births;
- A Federal mandate last year requiring referrals to Infant Toddler Program of all birth to three year old children involved in substantiated cases of child abuse or neglect; resulting in evaluations on an additional 400 children. This includes the challenges of serving many families of substance abusing parents and others involved in the child protection system that are resistant to receiving help for their child;
- Early identification of hearing loss and deafness due to effective newborn hearing screening;
- Increased incidence and earlier identification of autism spectrum disorders; and
- Sustained child find activities and maturity of Infant Toddler Program as known community resource.

## SPP Template – Part C (3)

IDAHO

State

Idaho Infant Toddler Program has experience steady growth for a number of years. No data sources provide evidence that children are not being identified nor do they indicate difficulty in locating the program when the need for a referral is identified.

Although Idaho's eligibility criteria was unchanged in the last year, it's eligibility criteria ranking was assigned to a new category: Idaho previously ranked 3<sup>d</sup> of 16 states in a category of *moderate* eligibility and now, with the new rankings and re-assigned categories, Idaho ranks 5<sup>th</sup> of 15 states with *narrow* eligibility rankings. June 1 2005, Idaho's single day child count indicated service to 2.69% of the birth to three population. As is true with most states, the annual cumulative number of children served is nearly double the number reported in the December 1, 618 "snapshot" count. For example, as of December 2004, 4.85% were served throughout the previous year, (cumulatively).

### Baseline Data for FFY 2004 (2004-2005):

Date, Year	Snapshot Enrollment	STATE % SERVED	0-3 POP
1 JUN, '04	1,576	2.54%	61,964
1 DEC, '04	1,706	2.69%	63,453
1 JUN, '05	1,728	2.72%	63,453

Note: all figures based on state counts and calculations available on that date.

### Comparison to Other States with Similar Eligibility

Eligibility Criteria Rankings: <b>Narrow</b>									
	Moved Category	Old Rank	New Rank	% Served '03	%Served '04				
AZ		3	3	1.39	1.54		Based on '04 data		
CT	✓	2	3	2.96	3.10		Min	Max	
DC		3	3	1.13	1.30	Narrow Range	1.30	3.10	
GA	✓	2	3	1.19	1.33				
ID	✓	2	3	2.44	2.73	Narrow Avg	1.95		
Maine	✓✓	1	3	2.77	2.87				
MT		3	3	1.95	2.13	# States	15		
ND		3	3	2.13	2.80				
NE	✓	2	3	1.70	1.74				
NV		3	3	0.94	1.30				
OK		3	3	2.24	2.04				
OR	✓	2	3	1.38	1.55				
SC	✓	2	3	1.04	1.36				
TN	✓	2	3	1.81	1.71				
UT	✓	2	3	1.69	1.77				
Guam		NA	3						

Note: all figures provided by OSEP

### Comparison with National Data:

In 2004, OSEP's Table 8-1 indicates that Idaho served 2.73% of the population and ranked 21<sup>st</sup> in the percentage of infants and toddlers ages birth through 2 receiving early interventions services under IDEA, Part C.

**Discussion of Baseline Data:**

Idaho's eligibility definition and application of eligibility demonstrates performance that exceeds the national average and that is comparable to other states with similar criteria as indicated by the ranking in the percent of population served. The level of eligibility established by the State appears to be sufficiently rigorous in comparison with all other states and territories and with those who have similar criteria.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005</b> (2005-2006)	<b>2.73% of infants and toddlers birth to three</b>
<b>2006</b> (2006-2007)	<b>2.74% of infants and toddlers birth to three</b>
<b>2007</b> (2007-2008)	<b>2.75% of infants and toddlers birth to three</b>
<b>2008</b> (2008-2009)	<b>2.76% of infants and toddlers birth to three</b>
<b>2009</b> (2009-2010)	<b>2.78% of infants and toddlers birth to three</b>
<b>2010</b> (2010-2011)	<b>2.80% of infants and toddlers birth to three</b>

**Improvement Activities/Timelines/Resources:****2005-2006**

- Continue child find activities including contracts for developmental monitoring and community screening linked with LEAs.
- Evaluate efficacy and performance of Child Find contracts with district health departments. Evaluation committee and public input process to recommend continuation or changes.
- Provide continued training and technical assistance/support for staff to identify children whose eligibility is based on delays in social and emotional development.
- Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) Parent Leadership events, etc.
- Provide statewide training for Children and Family Service workers confirming referral requirement and protocol for CAPTA referrals.
- Monitor data on referral sources, track trends and analyze by regions the identification of eligible children.

- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2006-2007**

- Continue child find activities including developmental monitoring and community screening linked with LEAs.
- Implement changes as determined appropriate through evaluation of child find contracts with district health departments. Implement continuation or changes, as determined appropriate through the evaluation committee and public input.
- Provide continued training and technical assistance/support for staff to identify children whose eligibility is based on delays in social and emotional development. Provide technical assistance related to all Idaho eligibility criteria, as needed.
- Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) conference, Early Years Conference etc.
- Evaluate awareness of physicians and medical community and determine whether need for training regarding referral requirements and protocol exists for this target audience.
- Monitor data on referral sources, track trends and analyze by regions the identification of eligible children. Evaluate appropriateness of distribution of ethnicity in eligible population relative to distribution in general population factoring variable that influence risk and potential eligibility.
- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2007-2008**

- Continue child find activities including developmental monitoring and community screening linked with LEAs. Increase outreach to target population if needed according to the analysis of distribution in the population of eligible children.
- Implement changes as determined appropriate through evaluation of child find contracts with district health departments. Implement continuation or changes, as determined appropriate through the evaluation committee and public input.
- Provide continued training and technical assistance/support for staff to identify children whose eligibility is based on delays in social and emotional development. Provide technical assistance related to all Idaho eligibility criteria, as needed.
- Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) conference, Early Years Conference etc.
- Provide necessary training or outreach to physicians and medical community regarding referral requirements and protocol according to the needs assessment and determine whether need for training exists for this target audience.
- Monitor data on referral sources, track trends and analyze by regions the identification of eligible children. Evaluate appropriateness of distribution of ethnicity in eligible population relative to distribution in general population factoring variable that influence risk and potential eligibility.



- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2008-2009**

- Continue child find activities including developmental monitoring and community screening linked with LEAs.
- Provide continued training and technical assistance/support for staff related to all Idaho eligibility criteria, as needed.
- Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) conference, etc.
- Monitor data on referral sources, track trends and analyze by regions the identification of eligible children. Evaluate appropriateness of distribution of ethnicity in eligible population relative to distribution in general population factoring variable that influence risk and potential eligibility.
- Modify strategies or targets according to performance and findings in previous APR. Include changes in APR.
- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2009-2010**

- Continue child find activities including developmental monitoring and community screening linked with LEAs.
- Provide continued training and technical assistance/support for staff related to all Idaho eligibility criteria, as needed.
- Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) conference, etc.
- Monitor data on referral sources, track trends and analyze by regions the identification of eligible children. Evaluate appropriateness of distribution of ethnicity in eligible population relative to distribution in general population factoring variable that influence risk and potential eligibility.
- Modify strategies or targets according to performance and findings in previous APR. Include changes in APR.
- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2010-2011**

- Continue child find activities including developmental monitoring and community screening linked with LEAs.

- Provide continued training and technical assistance/support for staff related to all Idaho eligibility criteria, as needed.
- Exhibit Infant Toddler Program information at conferences and health fairs: adoptions conference, perinatal conference, foster parent conference, child care conferences, ISDB Parent weekend, IPUL (PTI) conference, etc.
- Monitor data on referral sources, track trends and analyze by regions the identification of eligible children. Evaluate appropriateness of distribution of ethnicity in eligible population relative to distribution in general population factoring variable that influence risk and potential eligibility.
- Modify strategies or targets according to performance and findings in previous APR. Include changes in APR.
- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**Part C State Performance Plan (SPP) for 2005-2010****Overview of the State Performance Plan Development:**

Refer to the description in Indicator #1, page 1.

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 7:** Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 USC 1416(a)(3)(B) and 1442)

**Measurement:**

Percent = # of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline divided by # of eligible infants and toddlers evaluated and assessed times 100.

Account for untimely evaluations.

**Overview of Issue/Description of System or Process:**

Implementation of system changes to reduce the number of days from referral to IFSP development began in FY 2002. Regions were instructed to "frontload" their personnel to ensure that evaluations were conducted and IFSPs developed in a timely manner. Between December 2002 - Dec. 2003 state wide data showed a reduction in 5 days in the average number of days to IFSP completion. All regions but one were able to demonstrate a decrease in the average number of days to complete an IFSP and an increase in the percent of IFSPs completed within 45 days.

In SFY 2003, self assessment and on-site monitoring identified non-compliance in two regions. Action plans were developed and implemented with frequent monitoring by central office. Data showed significant improvement in timely IFSP development for both regions. This brought all regions back into compliance with this indicator.

As of June 2004, a data system was put in place to collect the reason for delay for all IFSPs that took longer than 45 days to develop. Reasons were submitted to central office and sorted into system reasons (systemic barriers such as personnel shortages, etc) or family reasons (circumstances or needs of the family or child which the Program is unable to control, i.e. child hospitalized or ill, family vacation or traveling, etc). This data continues to be collected and monitored by central office.

As a result of the CAPTA revision and changes in reauthorization of IDEA, the ITP has seen an increase in children referred resulting from a substantiated case of child abuse or neglect. Many of these family's are involuntary referrals who do not yet understand the benefits of early intervention to their child. Some are transient, moving frequently, and are difficult to locate to obtain initial consent to evaluate. Others have many competing priorities and are not motivated to follow through with appointments in a timely manner. These issues impact our systems ability to ensure timely IFSP development for all children.

Population growth and expanded outreach created personnel shortages that impact this indicator just as they do indicator 1 (Receipt of services on IFSP in a timely manner). Please see indicator 1 for details. In SFY 2004, three regions were identified as out of compliance with the 45 day timeline. In SFY 2004, system modifications implemented to impact this indicator included the following:

- Regional corrective action plans with specific strategies targeting this indicator were developed and monitored quarterly (and in some instances, monthly) by regions and central office.

- Strategies including review and revision of interagency agreements, increased referral to private service coordination agencies, and expanded use of contractors were implemented to overcome the shortage of state employees
- Potentially eligible children were screened using the ASQ or another developmental screening tool prior to full evaluation to screen out children who were clearly non-eligible

This indicator continues to challenge the State due to a fast growing population and static resources within the Program.

**Baseline Data for FFY 2004 (2004-2005):**

<b>&lt;= 45 days in preceding 90 days Summary for four quarters, Sept. 2004- August 2005</b>		
	<b>#</b>	<b>%</b>
Total Enrolled <= 45 days	<b>1150/1455</b>	<b>79.0%</b>
Total >45 Days	<b>305/1455</b>	<b>21.0%</b>
Family Reason for Delay	<b>142/1455</b>	<b>9.75%</b>
System Reason For Delay	<b>161/1455</b>	<b>11.1%</b>
<=45 Day Count plus Family Reason for delay	<b>1292/1456</b>	<b>88.8%</b>

**Discussion of Baseline Data:**

This data was collected from DataTot, the State's data base and represents actual numbers of children evaluated and IFSPs developed within 45 days. No sampling was used.

As illustrated by the chart, In SFY 2005, 79% of children in Idaho's early intervention program had evaluations completed and an IFSP developed within 45 days. For those over 45 days, 9.75 % were delayed due to family/child reasons and 11.1% due to system reasons. When combining those under 45 days and those with a family reason, 88.8% of the children are accounted for. The remaining 11.1% of children are the primary target population for our state's activities to address delayed development of an IFSP as we have no ability to impact those with delays due to a family reason.

Note: The Department of Health and Welfare, Idaho's lead agency, requires early intervention providers to obtain a signed, completed IFSP within 45-days of referral, whereas the Part C regulations require an initial meeting be held within 45-days of referral. Often the IFSP document is completed at the initial IFSP meeting held with the family.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005 (2005-2006)</b>	<b>100%</b>
<b>2006 (2006-2007)</b>	<b>100%</b>
<b>2007 (2007-2008)</b>	<b>100%</b>
<b>2008 (2008-2009)</b>	<b>100%</b>

<b>2009 (2009-2010)</b>	<b>100%</b>
<b>2010 (2010-2011)</b>	<b>100%</b>

**Improvement Activities/Timelines/Resources:****2005-2006**

- To address issues of delayed timelines when children are referred with substantiated child abuse or neglect Central office staff will review and refine policies and procedures for serving children jointly with Child and Family Services (CFS).
- Revise procedures for garnering consent from non-voluntary participants (court order).
- Establish routine communication system between CFS and ITP staff central office level through quarterly meetings.
- Implement training on refined policies and procedures for serving children jointly with CFS and working with the courts.
- Increase number of trained interim SCs available to coordinate timely evaluation, assessment, and IFSP development. Petition legislature for additional FTE (personnel) and/or dollars to contract for required personnel including additional social workers for interim and ongoing service coordination and family training and counseling.
- Ensure regional orientation and annual training is provided for interim SC regarding the required timelines, policies, procedures, family-centered practice, and collaboration with Children and Family Services.
- Central office staff will track regional performance on selected indicators using DataTot and 618 data.
- Central office staff will provide quarterly monitoring of regional corrective action plans for any regions found to be out of compliance with this indicator.
- Central office staff will conduct an annual review and budget distribution process based on a formula to ensure resource distribution equity across the regions.
- Central office staff will report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

**2006-2007**

- Increase number of trained interim SCs available to coordinate timely evaluation, assessment, and IFSP development. If funded by the legislature, hire additional social workers for interim and ongoing service coordination and family training and counseling.
- Ensure regional orientation and annual training is provided for interim SC regarding the required timelines, policies, procedures, family-centered practice, and collaboration with Children and Family Services
- Review and streamline process for appointment of surrogate parent when needed. Develop additional resource information for appoint of surrogate
- The Part C central office research analyst and programmer will develop data system reports to alert SCs (private and public) about upcoming timelines for individual children and to achieve efficiencies in tracking data. Training of regional data entry personnel will be provided.
- Central office staff will track regional performance on selected indicators using DataTot and 618 data.
- Central office staff will provide quarterly monitoring of regional corrective action plans for any regions found to be out of compliance with this indicator.
- Central office staff will conduct an annual review and budget distribution process based on a formula to ensure equity across the regions.
- Central office staff will report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

**2007-2008**

- Enhance relationships with Dept of Corrections to facilitate procedures for access to parents in prison for consent and involvement in service provision
- Ensure regional orientation and annual training is provided for interim SC regarding the required timelines, policies, procedures, family-centered practice, and collaboration with Children and Family Services
- Review and evaluate existing Idaho policy requiring completion of IFSP in 45 days versus holding the 1<sup>st</sup> IFSP meeting within 45 days. Solicit input and guidance from stakeholders.

**2008-2009**

- Educate judges about the importance of early intervention and the issues impacting service provision to children in their jurisdiction. Seek consistent orders for early intervention evaluation to be included in the child's protection plan for children under age three.
- Ensure regional orientation and annual training is provided for interim SC regarding the required timelines, policies, procedures, family-centered practice, and collaboration with Children and Family Services
- Central office staff will track regional performance on selected indicators using DataTot and 618 data.

- Central office staff will provide quarterly monitoring of regional corrective action plans for any regions found to be out of compliance with this indicator.
- Central office staff will conduct an annual review and budget distribution process based on a formula to ensure equity across the regions.
- Central office staff will report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

**2009-2010**

- Ensure regional orientation and annual training is provided for interim SC regarding the required timelines, policies, procedures, family-centered practice, and collaboration with Children and Family Services
- Central office staff will track regional performance on selected indicators using DataTot and 618 data.
- Central office staff will provide quarterly monitoring of regional corrective action plans for any regions found to be out of compliance with this indicator.
- Central office staff will conduct an annual review and budget distribution process based on a formula to ensure equity across the regions.
- Central office staff will report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

**2010-2011**

- Ensure regional orientation and annual training is provided for interim SC regarding the required timelines, policies, procedures, family-centered practice, and collaboration with Children and Family Services
- Central office staff will track regional performance on selected indicators using DataTot and 618 data.
- Central office staff will provide quarterly monitoring of regional corrective action plans for any regions found to be out of compliance with this indicator.
- Central office staff will conduct an annual review and budget distribution process based on a formula to ensure equity across the regions.
- Central office staff will report on EIS regional program performance related to targets on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

**Part C State Performance Plan (SPP) for 2005-2010****Overview of the State Performance Plan Development:**

Refer to the description in Indicator #1, page 1.

**Monitoring Priority: Effective General Supervision Part C / Effective Transition**

**Indicator 8:** Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services
- B. Notification to LEA, if child potentially eligible for Part B: and
- C. Transition conference, if child potentially eligible for Part B.

(20 USC 1416(a)(3)(B) and 1442)

**Measurement:**

- A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100.
- B. Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.
- C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

**Overview of Issue/Description of System or Process:**

The lead agency in Idaho Part C services is the Department of Health and Welfare. The lead agency for Part B is the State Department of Education. Between July 2003 and June 2004, significant system reform was implemented regarding the early childhood transition for children in Idaho. With stakeholder input, transition policies and procedures were aligned across Part C and Part B and joint training was delivered on the new policies across the state. In addition, interagency agreements with all education partners were updated and local programs and districts were required to develop annual local protocol agreements to clarify systemic transition issues that had been challenging.

Monitoring activities in 2004 identified inadequate documentation of transition-related activities in some regions although antidotal evidence (interviews with school district personnel, and parent survey data) indicated effective transition was occurring. The lead agency did significant training statewide on new transition policies and procedures and focused on relationship development between Part B and Part C personnel. Regions were encouraged to improve procedures and documentation of transition requirements but the lead agency did not identify transition documentation as an area of non-compliance.

In 2005, OSEP specified the three components of transition documentation to be monitored and submitted in the APR. Idaho's data collection system had been monitoring other aspects of the transition process and didn't have data available regarding timely notice to school districts of potentially eligible children. At that time, regions were instructed to document the required components, including notice to the LEA, in each child's file and were found to be out of compliance if such documentation did not exist.



For purposes of data collection and monitoring in SFY 2006 and beyond, Idaho has identified all children enrolled in early intervention services over the age of two as “potentially eligible” for transition to Part B.

#### Baseline Data for FFY 2004 (2004-2005):

Chart 1

Transition data from SA file reviews 2003-2005	STATE	
	#	%
A. IFSP w/transition goals at 2.6 year	38/54	70%
B. Timely notification to LEA of child	26/64	41%
D. Transition meeting held 180-90 days before age 3	17/42	40%

Data reported from regional file reviews in the 1<sup>st</sup> quarter of SFY 2006 shows the following:

Chart 2

Transition data - DD Quarterly Report SFY2006, 1 <sup>st</sup> Quarter	STATE	
	#	%
A. IFSP w/transition goals at 2.6 year	26/32	81.25%
B. LEA notified of potentially eligible kids	18/31	58%
C. Transition meeting held 270-90 days before age 3	20/30	66.7%

#### Discussion of Baseline Data:

Baseline data in Chart 1 was collected from file reviews during the regional on-site monitoring process. Idaho's 3 year monitoring cycle ensured that all regions were reviewed within a three year period. These visits occurred between November 2003 and March 2005. Ten percent of children's files were selected for review by the monitoring team in each region. Transition-related requirements were monitored in files of selected children 2.6 years of age and over. Files were selected to represent children from rural, urban, and ethnically diverse communities within each region.

Baseline data in Chart 2 was collected from file reviews conducted by regional staff in the first quarter of SFY 2006. Each region was required to pull a 5% sample (or a minimum of 5 files). Although this baseline data source was outside the 2005-2005 range, it is the first statewide sample gathered of all three transition elements.

Baseline transition data for elements A, B, and C was not available for all eligible children for 2004-2005. However, DataTot, our state data system, is being modified. As of January 2006, it is planned for this data to be collected for all “potentially eligible” children.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% for A, B, and C
2006 (2006-2007)	100% for A, B, and C
2007 (2007-2008)	100% for A, B, and C

<b>2008 (2008-2009)</b>	<b>100% for A, B, and C</b>
<b>2009 (2009-2010)</b>	<b>100% for A, B, and C</b>
<b>2010 (2010-2011)</b>	<b>100% for A, B, and C</b>

**Improvement Activities/Timelines/Resources:****2005-2006**

- Ensure state interagency agreements and regional protocol are current, relevant and enforced. Regions will review the regional interagency protocol annually and update them as necessary. State Department of Education (SDE) will share the regional protocols submitted by the LEAs with the Infant Toddler Program central office.
- Infant Toddler Program central office staff will conduct monitoring activities in accordance with the state monitoring plan outlined in Indicator #9.
- Develop an electronic reminder system to track due dates and notify SCs (private and public) about upcoming timelines for individual children. This statewide, but regionally administered system will include reports generated/distributed through DataTot or data system programs.
- Conduct joint regional training activities on transition policies, procedures, documentation and relationship development biennially. Service coordinators (public and private), LEA personnel, and ITP personnel will be invited to attend.
- Report on EIS regional program performance on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

**2006-2007**

- Infant Toddler Program central office staff will conduct monitoring activities in accordance with the state monitoring plan outlined in Indicator #9.
- SDE and ITP central office staff will review regional protocols between LEA and IT programs to assure inclusion of required policies, procedures, and documentation requirements.

With stakeholder input, central office ITP staff will implement options to increase supervision and accountability of service coordinators serving 0-3 population

- Central Office lead agency personnel will evaluate cost/benefits of having service coordination delivered in-house (delivered by lead agency staff or contractors rather than through private-sector agencies).
- Require each region to identify a transition coordinator who will take the lead in coordinating activities, training, and monitoring due dates with regional service coordinators (public and private sector).

- Central office ITP staff will contract with IPUL to offer regional Parent Seminars on early childhood transition policies and procedures.
- Report on EIS regional program performance on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

**2007-2008**

- If appropriate, work with ICC to petition legislature for additional FTE (personnel) and/or dollars to contract for required personnel to provide service coordination through the lead agency.
- Central office ITP staff will work with Medicaid to modify the rate structure for 0-3 service coordination. Establish a “level” system where families requiring more intensive support and coordination are paid at a higher rate than families requiring minimal assistance. Advocate for a rate that compensates time and effort for ensuring Part C procedural safeguards and documentation requirements.
- Central office ITP staff and regional staff will Implement quality assurance systems for increased accountability (compliance with timelines/requirements tied to payment) for private sector service coordinators
- Infant Toddler Program central office staff will conduct monitoring activities in accordance with the state monitoring plan outlined in Indicator #9.
- SDE and ITP central office staff will review regional protocols between LEA and IT programs to assure inclusion of required policies, procedures, and documentation requirements.
- Research feasibility of adopting a national certification curriculum for 0-3 service coordinators
- Joint regional training activities on transition policies, procedures, documentation and relationship development will be held biennially. Service coordinators (public and private), LEA personnel, and ITP personnel will be invited to attend.
- Report on EIS regional program performance on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

**2008-2009**

Central office ITP staff and regional staff will Implement quality assurance systems for increased accountability (compliance with timelines/requirements tied to payment) for private sector service coordinators

- Infant Toddler Program central office staff will conduct monitoring activities in accordance with the state monitoring plan outlined in Indicator #9.
- If appropriate, adopt and implement a national certification curriculum for 0-3 service coordinators
- SDE and ITP central office staff will review regional protocols between LEA and IT programs to assure inclusion of required policies, procedures, and documentation requirements.
- Report on EIS regional program performance on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

**2009-2010**

- Infant Toddler Program central office staff will conduct monitoring activities in accordance with the state monitoring plan outlined in Indicator #9.
- Joint regional training activities on transition policies, procedures, documentation and relationship development will be held biennially. Service coordinators (public and private), LEA personnel, and ITP personnel will be invited to attend.
- SDE and ITP central office staff will review regional protocols between LEA and IT programs to assure inclusion of required policies, procedures, and documentation requirements.
- Report on EIS regional program performance on DHW, ITP website, ITP Progress reports, and to interagency coordinating council and regional committees.

**2010-2011**

- Infant Toddler Program central office staff will conduct monitoring activities in accordance with the state monitoring plan outlined in Indicator #9.
- SDE and ITP central office staff will review regional protocols between LEA and IT programs to assure inclusion of required policies, procedures, and documentation requirements.
- Report on EIS regional program performance on DHW, ITP website, ITP Progress reports, and to Interagency Coordinating Council and regional committees.

## Part C State Performance Plan (SPP) for 2005-2010

### Overview of the State Performance Plan Development:

*(The following items are to be completed for each monitoring priority/indicator.)*

#### Monitoring Priority: Effective General Supervision Part C / General Supervision

**Indicator 9:** General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### Measurement:

- A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:
- # of findings of noncompliance made related to priority areas.
  - # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:
- # of findings of noncompliance made related to such areas.
  - # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:
- # of EIS programs in which noncompliance was identified through other mechanisms.
  - # of findings of noncompliance made.
  - # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = c divided by b times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

**Overview of Issue/Description of System or Process:****Idaho Infant Toddler Program's General Supervision System**

Over the past 10 years Idaho's monitoring system has evolved into a continuous system of quality improvement using a focused monitoring approach. The many components of this system are described below.

Idaho's early intervention system has identified and adopted specific quality indicators and compliance measures including performance of regulatory requirements and other standards identified by OSEP. Central office personnel monitor data reflecting these standards and indicators on a regular (quarterly) basis. Many indicators are monitored monthly by regional staff. Summary reports are routinely provided to ICC and other interest groups. The data is used to inform discussions and policy decisions.

Each region has implemented a record review system to periodically check documentation and assure procedural safeguards and other requirements are met. In addition, quarterly reports are submitted by regional staff documenting their activities related to Child Find and public awareness, training, family complaints, staff qualifications, and other required Program components.

Parent surveys are mailed quarterly to a stratified sample of families served by the early intervention system. Three surveys are used, one targeting families that are new to the program, one for those in services for longer than 6 months, and one for families planning for transition or recently transitioned out of early intervention. Survey results are reviewed to identify individual and systemic concerns. Individual phone follow-up is made with those families that provide contact information. Summary results are shared with regional staff and ICC to guide program practices.

Key regional personnel and regional management attend quarterly meetings to ensure clear communication and high-quality, consistent implementation of IDEA, Part C requirements throughout the state. Program standards, current performance on selected indicators, and areas of success or slippage within the system are routine agenda items.

Idaho has continued to follow a three-year, cycled, self-assessment process. A focused monitoring component has been incorporated but verification of compliance in all required areas of IDEA Part C continues. The process described below provides an opportunity for each region to periodically review their program in-depth and focus on specific aspects of interest or concern to the region and central office. Focus areas are selected based on regional and state-generated trend data, staff input, and any previously identified areas of non-compliance. Identified focus areas result in "drilling down" to further evaluate areas of concern. The self assessment process also provides a forum to celebrate successes and share best-practices across the regions and to identify and resolve challenges and areas of non-compliance, if any exist.

To develop this self-assessment process, we have drawn from previous Infant Toddler Program Self Assessment requirements

- OSEP Focused Monitoring process,
- OSEP Cluster Areas for Part C monitoring,
- OSEP Monitoring reports to various states following their reviews, and
- Idaho Special Education's Continuous Improvement Monitoring Process.

These guidelines for the self-assessment are intended to ensure:

- a meaningful and effective continuous quality assurance process.
- an effective link between:
  - routine and on-going monitoring activities,
  - regional self assessment activities and findings,
  - regional action plans, and
  - provision of technical assistance.
- growth of a stable, interagency early intervention system and
- timely resolution of system challenges or areas of non-compliance, if any exist.

This process has been implemented to create a framework for regions to follow during the focused self assessment and to clarify all participants' roles and expectations. A critical outcome of the self assessment is the development of a negotiated action plan identifying concrete steps/timelines to remediate system challenges, areas of concern or desired growth, and areas of non-compliance, if any were identified. Over the past year, the action planning process has evolved from one of improvement planning to a process that delineates areas of non-compliance with required regional corrective action plans (CAPs) and areas of recommended enhancement or improvement. Regional CAPs now include baseline data and measurable, time specific objectives and performance targets. Regional CAPs are monitored on a quarterly basis unless there is data to indicate no progress toward expected targets over a period of more than one quarter. In that instance, monthly monitoring, increased technical assistance, further troubleshooting, or other sanctions may result.

### **Regional Activities of Self Assessment**

Regional Teams are selected to plan and conduct the Region's self assessment and to prepare for the State team's site visit. Required team members include: EIS, RITC chair or designee, Child Find Coordinator, parent representative(s), and Infant Toddler Program staff member(s). The team may also include the Program Manager, Regional Director, other RITC members, community partners from medical and educational communities, service coordinators, contractors, etc.

The Regional teams:

- Review self assessment reports, action plans from previous cycles, and quarterly reports submitted to central office
- Negotiate self assessment "focus areas" with central office staff. Focus areas are selected based on regional and state-generated trend data, staff input, and any previously identified areas of non-compliance. Focused monitoring activities address areas of interest/concern to the region and central office as well as the five primary cluster areas identified by OSEP. The cluster areas are:
  - 1) General supervision,
  - 2) Comprehensive public awareness and child find system,
  - 3) Family-centered services,
  - 4) Early intervention services in natural environments, and
  - 5) Early childhood transition.
- Review sampled files for completeness and compliance with procedural safeguards and other requirements using the checklist provided.
- Select or develop self-assessment tools and activities that will provide an in-depth view of the early intervention system, enhance/assist with program growth and development and identify areas of compliance and non-compliance with IDEA Part C requirements. These activities could include mail-out and/or phone surveys of parents, program staff, contractors, partner agencies, etc., targeted focus groups, brainstorming activities, site visits, peer review/evaluations, etc.
- Distribute selected tools and conduct agreed-upon activities
- Gather and analyze data from selected tools, activities and other information sources available within the region and state
- Identify and document the region's strengths, challenges, and areas of non-compliance, if any, using the data and information gathered.
- Identify items to be included in an Action Plan based on identified strengths and needs. The plan should be organized around OSEP's cluster areas (as listed above).
- Develop a written summary report to be presented to State team including:
  - 1) Orientation to the Region's structure (how the region is set up, who does what, field offices, staffing arrangements, etc.),
  - 2) A summary of the self assessment including tools used, activities conducted, and findings about regional strengths, needs, areas of non-compliance, if any, and selected focus areas, and

3) Items to be addressed in the action plan based on regional findings and review of all existing information available.

**State Team On-Site Visit**

The State visiting team is composed of the following representation:

- State-level IT Program administrative staff (Program Manager and/or Program Specialist and Research Analyst)
- Parent representative
- ICC or RITC representative
- Peer Reviewer (Administrative staff from another region)

Prior to site visit, the State team:

- Reviews previous cycle's self assessment findings, Action Plan and progress reports (in EIS Quarterly reports), complaints, mediation or hearing requests, if any, and the summary of quarterly Parent Satisfaction surveys from the Region under review.

On site, the team:

- Listens to and receives a written summary of the following:
  - 1) A regional introduction/orientation including an overview of the region's structure
  - 2) A summary of the self assessment process including tools used, activities conducted, and information about special focus areas
  - 3) Results of self assessment/focused monitoring activities
  - 4) Highlights of regional strengths and best-practices
  - 5) Overview of the issues to be included in the regional Action Plan for Improvement
- Conducts visits and interviews to include classrooms, homes, therapy sessions, childcare centers, contractors, staff, community partner agencies, parents, etc. in a variety of geographic areas within the region.
- Conducts focus groups with a variety of target audiences (selected by the region with central office input). Focus group topics/questions are taken from the OSEP Self Assessment cluster groups.
- Discusses administrative, system, and data issues with the Program Manager, EIS and others (at the invitation of the region). Topics are drawn from the OSEP General Supervision cluster area, regional data reports submitted as part of the OSEP self assessment, and data reports from the Data-Tot and Find-a-Tot data systems. Discussions include current issues, challenges, complaints, mediation issues, personnel standards/procedures, technical assistance needs, regional policies, procedures, forms, and documents.
- Reviews selected files and regionally completed checklists to ensure accuracy and to verify technical compliance
- Reviews general supervision cluster area requirements

**Sharing Self Assessment Results and Action Plan Development**

- The State team presents the findings of the site visit to the Regional Team. The purpose is to engage in a dialogue, combine results from both State and Regional team's activities, and to provide input to the Region's list of items identified to be included in the Action Plan.
- Both groups ensure that an action plan is developed. All compliance issues and regionally selected focus areas are addressed in the action plan. A final version of the Action Plan is submitted to Central Office following the site visit.

**Regional Stakeholders Meeting**

- The teams jointly present results of Self Assessment and draft Action Plan to all interested stakeholders (region-wide meeting). A dialogue/discussion is encouraged.
- If requested, the teams (State and Regional) may share additional information about current activities to promote Early Intervention throughout the State (legislative activities/initiatives, national initiatives,



trends and focus areas, Medicaid changes, Program changes, outreach, natural environments, specific hot topics or points of interest, etc.). The “big picture” including gains over the past three years, hopes, dreams and a vision for the next three years may be shared and discussed.

## Plan Implementation:

Regional Responsibilities (Regional Team, EIS, Program Manager) include:

- Ensuring the Action Plan is implemented as developed.
- Documenting that the activities listed are occurring within the given timelines identified in the Action Plan
- Reviewing progress quarterly and make adjustments in the plan and the activities as warranted. On compliance issues, the process is now updated (last year) to report performance data and status of record review findings.
- Request specific technical assistance from central office to implement the plan and resolve system challenges and areas of non-compliance, if any were identified.
- Advise central office of barriers to implementation (and possible solutions) that are not controlled at the Regional level

State Responsibilities (State Team, CO staff, ICC) following site visit include:

- Provide technical assistance where requested or required to eliminate challenges or areas of non-compliance, if any were identified.
- Review quarterly reports, GPRA indicators, standards, and information from all sources of the continuous quality improvement system to ensure timely resolution of any non-compliance issues and system growth or improvement in selected focus areas.
- Follow up with Region if progress on action plan is not made or areas of non-compliance are not resolved in a timely manner. Follow-up activities may include:
  - additional site visits and focused monitoring
  - provision of technical assistance
  - analysis and/or adjustment of resource and funds allocations based on identified needs and population distribution
- Complete annual application for Federal Part C funds and submit funding requests for state general funds.
- Review and reallocate (as appropriate) resources including personnel authorized by the legislature and funds appropriated.
- Refine procedures for monitoring a self-assessment to meet current reporting requirements, to refine, standardize, and streamline self-assessment and reporting processes across all regions.

## **Baseline Data for FFY 2004 (2004-2005) (Findings identified in 2003-2004):**

<b>Indicator 9- Effective General Supervision Part C</b>		
<b>Indicator</b>	<b>Measurement Calculation</b>	<b>Explanation/ Discussion of Baseline</b>
A Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification: a. # of noncompliance made related to priority areas. b. # of corrections completed within one year from identification. Percent = b divided by a times 100.	$a = 31$ $b = 8$ $b/a \quad 8/31 = 25.8$ $25.8 \times 100 = 25.8\%$	See attached calculation chart (Indicator 9A) for specifications of data included here. Please review “Notes section” regarding statewide progress and changes expected in the data source for future year’s APR data.

<p>B Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:</p> <p>a # of findings of noncompliance.</p> <p>b # of corrections completed within one year from identification.</p> <p>Percent = b divided by a times 100.</p>	<p>a = 0</p> <p>b = 0</p> <p>b/a = 0</p>	<p>For areas other than those mandated by OSEP requirements (see section A above), during the 2003-2004 regional monitoring cycle, the lead agency used a technical assistance and continuous quality improvement model. Although no "findings of non-compliance" were issued, five of the six regions were identified as "in need of improvement" regarding documentation of procedural safeguards and timely IFSP review at the 6 month interval.</p> <p>Regions were required to develop an action plan including strategies to address their "areas in need of improvement". Best practices and other activities to enhance the program were also included. Although assurances of improvement were provided in regional quarterly reports to central office, specific data is not available to determine if full correction was achieved within one year from identification.</p> <p>Due to our current inability to gather necessary data to measure correction outside of the on-site monitoring cycle, enhancements are underway to DataTot, the Program's electronic data collection system. The updated DataTot system is planned to be in place January 2006 and will enable more effective monitoring of documentation for all children.</p>
<p>C Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:</p> <p>a # of EIS programs in which noncompliance was identified through other mechanisms.</p> <p>b # of findings of noncompliance made.</p> <p>c # of corrections completed within one year from identification.</p> <p>Percent = c divided by b times 100.</p>	<p>a = 0</p> <p>b = 0</p> <p>c = 0</p>	<p>No complaints, due process hearings, or mediation requests identifying non-compliance were received during 2004-2005.</p>

## Discussion of Baseline Data:

Indicator #9 A	Monitoring Method	# Reviewed	# with Findings	a. # of Findings	b. # Corrected w/in 1 yr	% Corrected w/in 1 yr
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	On-site Visit	6	0	0	NA	NA
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.	-DataTot Review	7	4	4	2	50%
3. Percent of infants and toddlers with IFSPs who demonstrate improved: positive social-emotional skills, acquisition and use of knowledge and skills; use of appropriate behaviors to meet their needs.  <b>NEW INDICATOR NO DATA 2004-05</b>	Regional-Review					
	On-site Visit					
	DataTot Review					
	Other: Specify					
4. Percent of families participating in Part C who report that early intervention services helped the family: know their rights; effectively communicate their children's needs; and help their children develop and learn.  <b>NEW INDICATOR NO DATA 2004-05</b>	Regional-Review					
	On-site Visit					
	DataTot Review					
	Other: Specify					
5. Percent of infants and toddlers birth to 1 with IFSPs.	DataTot Review-	7	1	1	1	100%
6. Percent of infants and toddlers birth to 3 with IFSPs.	DataTot Review-	7	1	1	1	100%

# SPP Template – Part C (3)

IDAHO

State

Indicator #9 A	Monitoring Method	# Reviewed	# with Findings	a. # of Findings	b. # Corrected w/in 1 yr	% Corrected w/in 1 yr
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	On-site Visit- File review	6	5	5	1	20%
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday.	On-site Visit – File review	21	20	20		15%
	Regional record reviews				3	
TOTALS	SUM COLUMNS A AND B	54	31	31	8	25.8%

## Notes

# 1 Timely Service Provision – Data from monitoring visits conducted in 2003-2004 identified no children awaiting services and all regions were reported to be in compliance in this area. However, regional reports submitted during 2004-2005 identified delays in service delivery and findings of non-compliance were made. See activities and plan to facilitate correction in Indicator 1, (sections on overview of issues, discussion of baseline, and activities/timelines /resources).

#2 – Natural Environments – Six of seven regions showed consistent improvement over time; however two failed to reach the established target of 90% of children served in a natural environment by June 2005. See activities and plan to facilitate correction in Indicator 2, (sections on overview of issues, discussion of baseline, and activities/timelines /resources).

#7 Forty-five (45) day timeline – Data used in making these calculations include children over the 45 day limit due to a valid family or child reason.. Data reported in baseline is from a file review conducted during onsite monitoring. DataTot, the early intervention program's data system will be the source for future reporting on this indicator and will ensure data is available for all eligible children rather than a sample of children. See activities and plan to facilitate correction in Indicator #7, (sections on overview of issues, discussion of baseline, and activities/timelines /resources).

# 8 Timely transition planning – Data includes three indicators for each of seven regions and was determined based on a file review conducted during on-site monitoring. DataTot, the early intervention program's data system will be the source for future reporting on this indicator and will ensure data is available for all eligible children rather than a sample of children. See activities and plan to facilitate correction in Indicator #8, (sections on overview of issues, discussion of baseline, and activities/timelines /resources).

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	<b>100% of corrections within one year of identification of non-compliance for A, B and C</b>
<b>2006</b> (2006-2007)	<b>100% of corrections within one year of identification of non-compliance for A, B and C</b>
<b>2007</b> (2007-2008)	<b>100% of corrections within one year of identification of non-compliance for A, B and C</b>
<b>2008</b> (2008-2009)	<b>100% of corrections within one year of identification of non-compliance for A, B and C</b>
<b>2009</b> (2009-2010)	<b>100% of corrections within one year of identification of non-compliance for A, B and C</b>
<b>2010</b> (2010-2011)	<b>100% of corrections within one year of identification of non-compliance for A, B and C</b>

**Improvement Activities/Timelines/Resources:****2005-2006**

- Confirm expectations for each regional corrective action plan (CAP) to delineate compliance matters and program improvement/enhancement. For each finding of non-compliance, require each CAP to include baseline, targets, reporting frequency for performance, and corrective action steps including timelines for correction within one year.
- Conduct quarterly monitoring (or more frequent, if required) of regional corrective action plans for all regions with outstanding compliance. Increase interventions and intensity of TA, supports, analysis, on-site visits by central office personnel, reallocation of resources, and sanctions, as required.
- Facilitate process with WRRRC, NECTAC, and statewide stakeholders to align data collection systems for coordinated, consistent, quantifiable data collections, streamlined reportable record review processes, and standardized self-assessment procedures. The data alignment process will result in standardized outcomes, indicators, measurement instructions and procedures to be used by all regions for all data collection components not achieved through the electronic Data-Tot system.
- Implement standardized regional reports for all required elements; determine report frequency for comprehensive outcome and indicator data submission, monitoring and analysis.

- Complete upgrades, roll-out, and training for full implementation of Data-Tot Enhancement Project including addition of the multiple data elements that will assist with routine analysis of performance related to documentation, periodic reviews, timely service delivery, and procedural safeguards. Data-Tot revisions will be implemented to include data collection and reporting of child outcomes measures.
- Initiate Implementation of General Supervision Enhancement grant components, if funded. If not funded, implement scaled down method for child and family outcome measurement.
- Conduct regional self-assessment visits for scheduled regions. Clearly record and report findings of non-compliance and timelines required for corrective action.
- Request one position (FTE) starting SFY 2007 (July 2006-ongoing) to conduct monitoring and program evaluation activities.
- Submit funding and personnel request for regional direct service personnel and general trustee and benefit funds to increase resources to purchase increased contracted SLP, OT, PT, audiology and other early intervention services.
- Report on statewide and regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2006-2007**

- Report in the February 1, 2007 APR the entry data for child and family outcomes.
- Collect and report the percent of corrections of all non-compliance findings (priority indicators and others) from regional selfassessment and monitoring visits conducted in previous year.
- Review State Performance Plan and adjust activities and targets in APR, as needed.
- Conduct quarterly monitoring (or more frequent, if required) of regional corrective action plans for all regions with outstanding compliance. Increase interventions and intensity of TA, supports, analysis, on-site visits by central office personnel, reallocation of resources, and sanctions, as required.
- Conduct regional self-assessment visits for scheduled regions. Clearly record and report findings of non-compliance and timelines required for corrective action.
- Prepare and submit personnel and funding requests for gubernatorial and legislative review/approval, as required, to increase resources/capacity to meet service demands of growing populations.
- Report on statewide and regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2007-2008**

- Report in the February 1, 2008 APR the first round of exit data for child and family outcomes.
- Collect and report the percent of corrections of all non-compliance findings (priority indicators and others) from regional self-assessment and monitoring visits conducted in previous year.

- Review State Performance Plan and adjust activities and targets in APR, as needed.
- Conduct quarterly monitoring (or more frequent, if required) of regional corrective action plans for all regions with outstanding compliance. Increase interventions and intensity of TA, supports, analysis, on-site visits by central office personnel, reallocation of resources, and sanctions, as required.
- Conduct regional self-assessment visits for scheduled regions. Clearly record and report findings of non-compliance and timelines required for corrective action.
- Record and report findings of non-compliance and timelines required for corrective action.
- Maintain and update, as needed, Data-Tot electronic data collection and reporting system.
- Prepare and submit personnel and funding requests for gubernatorial and legislative review/approval, as required, to increase resources/capacity to meet service demands of growing populations.
- Report on statewide and regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2008-2009**

- Submit APR that addresses all required areas of performance reporting.
- Collect and report the percent of corrections of all non-compliance findings (priority indicators and others) from regional self-assessment and monitoring visits conducted in previous year.
- Review State Performance Plan and adjust activities and targets in APR, as needed.
- Conduct quarterly monitoring (or more frequent, if required) of regional corrective action plans for all regions with outstanding compliance. Increase interventions and intensity of TA, supports, analysis, on-site visits by central office personnel, reallocation of resources, and sanctions, as required.
- Conduct regional self-assessment visits for scheduled regions. Clearly record and report findings of non-compliance and timelines required for corrective action.
- Record and report findings of non-compliance and timelines required for corrective action.
- Maintain and update, as needed, Data-Tot electronic data collection and reporting system.
- Prepare and submit personnel and funding requests for gubernatorial and legislative review/approval, as required, to increase resources/capacity to meet service demands of growing populations.
- Report on statewide and regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2009-2010**

- Submit APR that addresses all required areas of performance reporting.

- Collect and report the percent of corrections of all non-compliance findings (priority indicators and others) from regional self-assessment and monitoring visits conducted in previous year.
- Review State Performance Plan and adjust activities and targets in APR, as needed.
- Conduct quarterly monitoring (or more frequent, if required) of regional corrective action plans for all regions with outstanding compliance. Increase interventions and intensity of TA, supports, analysis, on-site visits by central office personnel, reallocation of resources, and sanctions, as required.
- Conduct regional self-assessment visits for scheduled regions. Clearly record and report findings of non-compliance and timelines required for corrective action.
- Record and report findings of non-compliance and timelines required for corrective action.
- Maintain and update, as needed, Data-Tot electronic data collection and reporting system.
- Prepare and submit personnel and funding requests for gubernatorial and legislative review/approval, as required, to increase resources/capacity to meet service demands of growing populations.
- Report on statewide and regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2010-2011**

- Submit APR that addresses all required areas of performance reporting.
- Collect and report the percent of corrections of all non-compliance findings (priority indicators and others) from regional self-assessment and monitoring visits conducted in previous year.
- Review State Performance Plan and adjust activities and targets in APR, as needed.
- Conduct quarterly monitoring (or more frequent, if required) of regional corrective action plans for all regions with outstanding compliance. Increase interventions and intensity of TA, supports, analysis, on-site visits by central office personnel, reallocation of resources, and sanctions, as required.
- Conduct regional self-assessment visits for scheduled regions. Clearly record and report findings of non-compliance and timelines required for corrective action.
- Record and report findings of non-compliance and timelines required for corrective action.
- Maintain and update, as needed, Data-Tot electronic data collection and reporting system.
- Prepare and submit personnel and funding requests for gubernatorial and legislative review/approval, as required, to increase resources/capacity to meet service demands of growing populations.
- Report on statewide and regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.



**Part C State Performance Plan (SPP) for 2005-2010****Overview of the State Performance Plan Development:**

Refer to the description in Indicator #1, page 1.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 10:** Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:**

Percent =  $(1.1(b) + 1.1(c))$  divided by  $(1.1)$  times 100.

**Overview of Issue/Description of System or Process:**

Idaho has standard procedures to provide notice of parent rights and procedural safeguards at all intervals of prior written notice. Evidence during monitoring visits and through parent surveys generally indicates that Idaho families whose children receive early intervention services are informed of their rights and receive copies of their rights at appropriate times. There have been instances of failure to document in the child's record that the prior written notice, including rights, was made. Training and record reviews have been instituted to assure increased consistency in documenting the process of providing notice to families. A simple brochure was used that explained all elements of a families rights, however, this document was identified as inadequate during an OSEP verification visit conducted in 2004. In accordance with the recommendations of OSEP, a new parents' rights notice of procedural safeguards was developed by Idaho central office personnel and reviewed and approved for use by OSEP. The Family Rights and Procedural Safeguards document instructs families on how to file a written complaint. The approved document was distributed and placed into use statewide according to the required timelines.

While there have been no formal complaints, there are logs maintained at the regional level of informal complaints and the resolution and timelines are tracked. This provides a method to evaluate whether any systemic issues are resulting in complaints.

Procedures are established for written complaints to be forwarded to central office for review and investigation/fact finding. Upon receipt of a formal complaint, administrative procedures unit is to be notified and the timelines are tracked by this unit. The Department of Health and Welfare arranges for hearings through the administrative procedures section. This unit has contracts with third party hearing officers who conduct hearings and generate a reports of findings.

Idaho has not received formal complaints and therefore does not have experience with conducting hearings and generating reports so there is no occurrences on which to determine timely reports and resolution of complaints.

**Baseline Data for FFY 2004 (2004-2005):**

Idaho received no written complaints during the reporting year. Thus, there is a baseline of zero written complaints and subsequently no reports were issued.

**Discussion of Baseline Data:**

Idaho has no relevant data due to no written complaints and therefore no reports were issued.

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	<b>100% of signed written complaints have reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.</b>
<b>2006</b> (2006-2007)	<b>100% of signed written complaints have reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.</b>
<b>2007</b> (2007-2008)	<b>100% of signed written complaints have reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.</b>
<b>2008</b> (2008-2009)	<b>100% of signed written complaints have reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.</b>
<b>2009</b> (2009-2010)	<b>100% of signed written complaints have reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.</b>
<b>2010</b> (2010-2011)	<b>100% of signed written complaints have reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.</b>

**Improvement Activities/Timelines/Resources:****2005-2006**

- Complete modifications and distribute OSEP approved Family Rights and Procedural Safeguards to all regional programs, service coordinators and contractors
- Distribute new Family Rights brochure that instructs how to submit a written complaint to all families as part of prior written notice
- Monitor regional programs for consistent use of prior written notice at all required intervals by conducting a verification record review in those regions on monitoring schedule for self assessment.
- Confirm Part C hearing and report timelines with Department of Health and Welfare's Administrative Procedure Sections and Attorney General's Office.
- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2006-2007**

- Monitor regional programs for consistent use of prior written notice at all required intervals by conducting a verification record review in those regions on monitoring schedule for self assessment
- Contract with Idaho Parents Unlimited to provide training to families and information support related to family rights and procedural safeguards and instruction to families about how to prepare and file written complaints, as appropriate.
- Provide training for hearing officers to assure a core understanding of Part C and early intervention requirements and timelines
- Report on regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2007-2008**

- Monitor regional programs for consistent use of prior written notice at all required intervals by conducting a verification record review in those regions on monitoring schedule for self assessment.
- Contract with Idaho Parents Unlimited to provide training to families and information support related to family rights and procedural safeguards and instruction to families about how to prepare and file written complaints, as appropriate.
- Report on regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2008-2009**

- Monitor regional programs for consistent use of prior written notice at all required intervals by conducting a verification record review in those regions on monitoring schedule for self assessment
- Contract with Idaho Parents Unlimited to provide training to families and information support related to family rights and procedural safeguards and instruction to families about how to prepare and file written complaints, as appropriate.
- Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.
- Report on EIS regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2009-2010**

- Monitor regional programs for consistent use of prior written notice at all required intervals by conducting a verification record review in those regions on monitoring schedule for self assessment
- Contract with Idaho Parents Unlimited to provide training to families and information support related to family rights and procedural safeguards and instruction to families about how to prepare and file written complaints, as appropriate.

- Provide training for hearing officers to assure a core understanding of Part C requirements and timelines
- Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.
- Report on regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

### 2010-2011

- Monitor regional programs for consistent use of prior written notice at all required intervals by conducting a verification record review in those regions on monitoring schedule for self assessment
- Contract with Idaho Parents Unlimited to provide training to families and information support related to family rights and procedural safeguards and instruction to families about how to prepare and file written complaints, as appropriate.
- Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.
- Report on regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

## Part C State Performance Plan (SPP) for 2005-2010

### Overview of the State Performance Plan Development:

Refer to the description in Indicator #1, page 1.

### Monitoring Priority: Effective General Supervision Part C / General Supervision

**Indicator 11:** Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### Measurement:

Percent = (3.2(a) + 3.2(b)) divided by (3.2) times 100.

### Overview of Issue/Description of System or Process:

The Department of Health and Welfare has promulgated rules for the operations of administrative procedures related to Hearing and complaint resolutions. Infant Toddler Program procedures are established and defined in the Family Rights and Procedural Safeguards brochure for written complaints to be forwarded to central office for review and investigation/fact finding. Upon receipt of a formal complaint, administrative procedures unit is notified and the timelines are tracked by this unit. The Department of Health and Welfare arranges for hearings through the administrative procedures section. This unit has contracts with third party hearing officers who conduct hearings and generate a report of findings.

Idaho Infant Toddler Program has not received formal hearing requests and therefore does not have experience with adjudication of hearing requests within applicable timelines so there is no occurrences on which to determine timely adjudication of hearing requests.

### Baseline Data for FFY 2004 (2004-2005):

No baseline data exists due to no hearing requests on which to measure timely adjudication.

### Discussion of Baseline Data:

Not applicable, see above.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.
2006 (2006-2007)	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.
2007 (2007-2008)	100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.

<b>2008</b> (2008-2009)	<b>100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.</b>
<b>2009</b> (2009-2010)	<b>100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.</b>
<b>2010</b> (2010-2011)	<b>100% of fully adjudicated due process hearing requests are fully adjudicated within the applicable timeline.</b>

**Improvement Activities/Timelines/Resources:****2005-2006**

- ? Convene meeting with Deputy Attorney General and Administrative Procedures Section to review and confirm process and timelines for handling Part C requests for due process hearings and all Part C procedural safeguards.
- ? Review procedures for Hearing requests with regional Infant Toddler Program Staff and Management top assure that families' inquiries or complaints are handled in order to assure full information and timely response.
- ? Maintain log for complaint tracking and to measure timeliness of adjudication.
- ? Review status of complaint data and hearing timelines with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.
- ? Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2006-2007**

- ? Review procedures for Hearing requests with regional Infant Toddler Program Staff and Management top assure that families' inquiries or complaints are handled in order to assure full information and timely response.
- ? Maintain log for complaint tracking and to measure timeliness of adjudication.
- ? Review status of complaint data and hearing timelines with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.
- ? Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2007-2008**

- ? Review procedures for Hearing requests with regional Infant Toddler Program Staff and Management top assure that families' inquiries or complaints are handled in order to assure full information and timely response.

- ? Maintain log for complaint tracking and to measure timeliness of adjudication.
- ? Review status of complaint data and hearing timelines with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.
- ? Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2008-2009**

- ? Review procedures for Hearing requests with regional Infant Toddler Program Staff and Management to assure that families' inquiries or complaints are handled in order to assure full information and timely response.
- ? Maintain log for complaint tracking and to measure timeliness of adjudication.
- ? Review status of complaint data and hearing timelines with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.
- ? Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2009-2010**

- ? Review procedures for Hearing requests with regional Infant Toddler Program Staff and Management to assure that families' inquiries or complaints are handled in order to assure full information and timely response.
- ? Maintain log for complaint tracking and to measure timeliness of adjudication.
- ? Review status of complaint data and hearing timelines with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.
- ? Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2010-2011**

- ? Review procedures for Hearing requests with regional Infant Toddler Program Staff and Management to assure that families' inquiries or complaints are handled in order to assure full information and timely response.
- ? Maintain log for complaint tracking and to measure timeliness of adjudication.
- ? Review status of complaint data and hearing timelines with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.
- ? Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**Part C State Performance Plan (SPP) for 2005-2010****Overview of the State Performance Plan Development:**

Not applicable--Part B due process procedures are not adopted

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 12:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:**

Percent = 3.1(a) divided by (3.1) times 100.

**Overview of Issue/Description of System or Process:**

Not applicable--Part B due process procedures are not adopted

**Baseline Data for FFY 2004 (2004-2005):**

Not applicable--Part B due process procedures are not adopted

**Discussion of Baseline Data:**

Not applicable--Part B due process procedures are not adopted

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	Not applicable--Part B due process procedures are not adopted
<b>2006</b> (2006-2007)	Not applicable--Part B due process procedures are not adopted
<b>2007</b> (2007-2008)	Not applicable--Part B due process procedures are not adopted
<b>2008</b> (2008-2009)	Not applicable--Part B due process procedures are not adopted
<b>2009</b> (2009-2010)	Not applicable--Part B due process procedures are not adopted
<b>2010</b> (2010-2011)	Not applicable--Part B due process procedures are not adopted

**Improvement Activities/Timelines/Resources:**

Not applicable--Part B due process procedures are not adopted



## Part C State Performance Plan (SPP) for 2005-2010

### Overview of the State Performance Plan Development:

Refer to Indicators #1, page 1.

### Monitoring Priority: Effective General Supervision Part C / General Supervision

**Indicator 13:** Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### Measurement:

Percent = (2.1(a)(i) + 2.1(b)(ii)) divided by (2.1) times 100.

#### Overview of Issue/Description of System or Process:

Idaho's Family Rights and Procedural Safeguard brochure describes the processes for complaint and dispute resolutions, including the availability of mediation without delaying the timelines for a hearing request. When a complaint is aired by a family, whether verbally or in writing, they are informed about the procedural safeguards and advised about how to submit a complaint in writing should they choose. They are also informed about mediation and encouraged to consider it as one option to help resolve a dispute. Families are also informed that the use of mediation must not delay the timelines of a hearing request or due process hearing. Should a family choose to request mediation, central office program staff contacts appropriate mediators (using the educational mediators identified by the State Department of Education to arrange services in the geographic area and confirms arrangements and facilitates connection between the family and the mediator. It is then determined whether there is a mediation agreement that resolves the dispute to the satisfaction of all parties or if other formal proceedings are required. Documentation of the process is maintained in a central office complaint log. Concurrent processes are underway to facilitate mediation and timelines are tracked to assure the maintenance of hearing and report timelines, if necessary.

#### Baseline Data for FFY 2004 (2004-2005):

No mediation requests were received and thus Idaho Infant Toddler Program has no measurement of the percent of mediations that resulted in mediation agreements.

#### Discussion of Baseline Data:

Not applicable, no mediation requests received.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Not applicable, no mediation requests received.
2006 (2006-2007)	Not applicable no mediation requests received.
2007 (2007-2008)	Not applicable, no mediation requests received.

<b>2008</b> (2008-2009)	<b>Not applicable, no mediation requests received.</b>
<b>2009</b> (2009-2010)	<b>Not applicable, no mediation requests received.</b>
<b>2010</b> (2010-2011)	<b>Not applicable, no mediation requests received.</b>

**Improvement Activities/Timelines/Resources:****2005-2006**

- Contract with Idaho Parents Unlimited to provide training to families and information support related to family rights and procedural safeguards and instruction to families about how to prepare and file written complaints and how to request mediation as an option to resolve disputes
- Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.
- Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2006-2007**

- Contract with Idaho Parents Unlimited to provide training to families and information support related to family rights and procedural safeguards and instruction to families about how to prepare and file written complaints and how to request mediation as an option to resolve disputes
- Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.
- Provide training to mediators to assure they have understanding of Part C requirements and processes.
- Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

**2007-2008**

- Contract with Idaho Parents Unlimited or other parent organization(s) to provide training to families and information support related to family rights and procedural safeguards and instruction to families about how to prepare and file written complaints and how to request mediation as an option to resolve disputes
- Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.
- Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

### 2009-2010

- Contract with Idaho Parents Unlimited or other parent organization(s) to provide training to families and information support related to family rights and procedural safeguards and instruction to families about how to prepare and file written complaints and how to request mediation as an option to resolve disputes
- Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.
- Provide training to mediators to assure they have understanding of Part C requirements and processes.
- Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

### 2010-2011

- Contract with Idaho Parents Unlimited or other parent organization(s) to provide training to families and information support related to family rights and procedural safeguards and instruction to families about how to prepare and file written complaints and how to request mediation as an option to resolve disputes
- Review status of complaint data, review with stakeholders and revise targets and activities/strategies, as needed. Submit changes in APR, as needed.
- Report regional program performance on the Department of Health and Welfare's website, ITP Progress reports, and to the interagency coordinating council and regional committees.

## Part C State Performance Plan (SPP) for 2005-2010

### Overview of the State Performance Plan Development:

See description of process in Priority Indicator #1, page 1.

### Monitoring Priority: Effective General Supervision Part C / General Supervision

**Indicator 14:** State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### Measurement:

State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy).

### Overview of Issue/Description of System or Process:

Idaho Infant Toddler Program's electronic data collection and management system is called DataTot. It is in its sixth year of service to the program. This MS ACCESS based system contains all collected child enrollment, demographic, caregiver, service coordination provision, eligibility categories, and service categories. Password protected, the program operation files are loaded onto appropriately selected user PCs while actual data files are stored on secured regional servers in each of the state's seven regions. User PCs are then mapped for access to their regional data files. This arrangement allows several benefits to the state Infant Toddler Program: the most stringent data security, daily scheduled automated data backup, access by appropriate regional and central office personnel to live "real time" data as needed, "any time" data verification, and reliable and timely reporting capabilities.

The DataTot program is currently undergoing enhancement to allow for even greater data collection, reporting, and analyzing capabilities.

FindaTot, a sister system to DataTot, was co-developed by the Infant Toddler Program for collection and reporting of Child Find Developmental Monitoring data. FindaTot is quite similar in structure and performance to DataTot but is (in all but one region) housed in the District Health Departments across the state (external to the Department of Health and Welfare). Through a combination of routine personal on-site visits, telephone, mail, and e-mail contact, Infant Toddler staff provide technical support and training to district personnel, as necessary. As per contract with the Department of Health and Welfare Infant Toddler Program, it is ultimately the District's responsibility to provide the necessary level of data entry personnel to maintain the ongoing security and performance of the FindaTot program. FindaTot is not housed on Department of Health and Welfare servers, therefore access to live "real time" data is not possible by Infant Toddler central office staff. Routine data downloads are made by each district and e-mailed to the Infant Toddler Program central office monthly.

Both systems are extremely user friendly and have proven track records in providing solid and reliable data. A Senior Research Analyst position is maintained by the Infant Toddler Program to instruct and oversee data collection and data entry methodology, to provide routine technical support to all data entry points in the regions and districts, to monitor and maintain the quality of data being entered into the systems, to assure integrity in data reporting and analysis, and to ensure timely and accurate submission

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of all required state and federal reports. Additionally, the consultation and system design services of a senior department programmer are made available to the Infant Toddler Program and used to respond to any system concerns in the ongoing collections, management, and reporting of electronic data and for additional development and programming required for periodic system enhancements.

Data analysis and reports are generated for internal management review and for presentation to the interagency coordinating council, regional committees, and other external groups on a routine basis.

The Idaho Infant Toddler Program has a well established system of data collection and information gathering that provides multiple sources of information for analysis of systemic issues and the capacity to respond with remediation. Elements of the system include:

- ongoing gathering and analysis of data including monthly, quarterly, and semi-annual data downloads; tabulation and analysis of quarterly parent survey returns and results; quarterly compliance monitoring analysis and reports; and quarterly EIS reports (including complaints that are documented and resolved without being elevated to higher level of formal complaint resolution)
- setting rigorous but achievable program targets
- identifying and monitoring data trends
- ongoing personnel orientation, training, and TA
- periodic file documentation reviews as necessary
- complaint investigation, fact finding, and event documentation
- informal feedback loop from multiple stakeholders
- a targeted self-assessment system which includes regularly scheduled regional data collection visits, analysis, and reports
- state team's verification/monitoring visit findings
- a process for improvement planning or corrective action planning
- ongoing monitoring of corrective action plans

### Baseline Data for FFY 2004 (2004-2005):

A high degree of importance is attributed to the timely submission of 618 data by the Idaho Infant Toddler Program, both state and federally. To date, the program demonstrates complete (100%) compliance in it's timeliness of data submission, either being on or prior to requested submission due dates.

### Discussion of Baseline Data:

Prior to actual data submission, data reliability and accuracy is crosschecked, analyzed, and verified with respect to all count non-duplication, completeness, arithmetic and computational accuracy, and explanatory comment inclusion where needed. For the past several years, no 618 data "SIGNIFICANT YEAR-TO-DATE CHANGE REPORTS" have been returned to the Idaho Infant Toddler Program with "flagged" report cells requiring explanation of differences from prior annual reports or mathematical errors.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% timely and accurate submission of 618 Data and State Performance Plan
2006 (2006-2007)	100% timely and accurate submission of 618 Data and Annual Performance Report

<b>2007 (2007-2008)</b>	<b>100% timely and accurate submission of 618 Data and Annual Performance Report</b>
<b>2008 (2008-2009)</b>	<b>100% timely and accurate submission of 618 Data and Annual Performance Report</b>
<b>2009 (2009-2010)</b>	<b>100% timely and accurate submission of 618 Data and Annual Performance Report</b>
<b>2010 (2010-2011)</b>	<b>100% timely and accurate submission of 618 Data and Annual Performance Report</b>

## Improvement Activities/Timelines/Resources:

In order to maintain the current record of 100% compliance in APR and 618 data submission as well as adjusting to changing program reporting requirements, the Idaho Infant Toddler Program is committed to a continued pursuit of excellence in this aspect of program implementation.

The Infant Toddler Program is implementing a number of strategies to enhance the capacity and quality of data collecting and reporting. Among the most notable of these strategies for sustaining the current level of excellence in the program's data component to be implemented are:

### 2005-2006

- Complete programming and testing; roll out and fully utilize DataTot system enhancements statewide.
- Increase Regional data collection/management responsibilities (additional data element entry, ongoing data troubleshooting/cleanup, greater self-reliance on regional level data analysis and reporting)
- Improve Standard information gathering across the state (i.e. revise referral, enrollment and addendum/change forms to support DataTot enhancements; developing, adopting, and distributing a standardized regional report form for annual "in house" self assessment and record review findings)
- Implement annual data collection/date entry training for all regional data entry personnel and early intervention specialists
- Use the interagency data collection system (TARTIR) more extensively for program evaluation, management , and outcome measurement and reporting
- Continue detailed semi-annual reporting of program data at the Central Office for maintaining baseline data and progress reporting for each region.
- Continue routine data verifications for accuracy, reliability, non-duplication, etc.

### 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011

- Implement annual data collection/date entry training for all regional data entry personnel and early intervention specialists

- Use the interagency data collection system (TARTIR) for program evaluation, management , and outcome measurement and reporting
- Continue detailed semi-annual reporting of program data at the Central Office for maintaining baseline data and progress reporting for each region
- Continue routine data verifications for accuracy, reliability, non-duplication, etc.
- Maintain timely reporting of all 618 data and annual performance reporting
- Evaluate data needs and ability of Idaho Infant Toddler Program data system to meet those needs.
- Modify data system if required to generate data to assure outcome measure and other needed compliance data is collected, and reliable.